NEW ZEALAND'S HOME FOR LIFE POLICY:

A qualitative study exploring perceptions of Home for Life parents

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“Tangata ako ana i te whare, te turanga ki te marae, tau ana.”

A child taught well at home and cherished within the whānau will thrive within society and throughout their life” (White, 2018).

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Ngā mihi

Georgia

Abstract

This thesis describes a study that explored how Home for Life parents experience and interpret New Zealand's Home for Life Policy. This was achieved using a qualitative approach. Interpretive Phenomenological Analysis informed both the data collection and analysis. Interviews were carried out with 8 Home for Life parents recruited from the Canterbury area. Analysis of the interviews revealed 9 superordinate themes and 5 subordinate themes which are evaluated in detail and are compared to the existing literature. Overall, the findings of this study suggest that permanency principles and outcomes are compromised in the Home For Life programme by its policy and legislative structure, as well as its implementation. Recommendations for New Zealand's Home for Life policy and potential future research are also outlined, and recommendations for potential changes to policy are suggested.

Chapter One: Introduction

This thesis reports on the findings of a qualitative study that was carried out to explore how Home for Life parents experience and perceive New Zealand's Home for Life parenting order. Chapter One provides an introduction to permanent care, exploring the importance of permanence, stability and caregiver commitment. It also outlines and provides context to New Zealand's parenting order, Home for Life. Chapter two provides a literature review on child and caregiver experiences of long-term care arrangements and experiences of caregiving, and ends with a rationale for the current study. Chapter three describes the research methodology and method for the qualitative study. Chapter four summarises the study results, and Chapter five comprises the discussion. Home for Life parents are referred to as caregivers in New Zealand, however as many of these children do not return to their birth parents, naturally children begin to view them as parents. It becomes unnatural to hear others use the terms 'carer' or 'caregiver' to describe a parent they care deeply about. These terms are fitting for children in short-term foster care, however this terminology serves the family preservation philosophy which shapes child welfare practice, rather than the best interests of children growing up in long-term care (Tarren-Sweeney, 2016). Therefore, throughout this thesis the term Home for Life parent will be used. When the term 'care' is used throughout this thesis, it serves as a holistic term for different forms of statutory 'out-of-home care'. Additionally, throughout this thesis the Māori (New Zealand's indigenous population) word for family, whānau is used. The term for kinship placements in New Zealand, whānau placements, is also used.

The Importance of Permanence

A significant proportion of children and adolescents are separated from their birth parents and placed into care, in some cases this impacts the development of close and long-term familial relationships. There is a lack of historical and ethnographic evidence for children growing up in impermanent caregiving systems (Boswell, 1988). This points to the possibility that the experience of growing up in an impermanent environment is contrary to human evolution, and exists outside the parameters of human evolution, where an absence of permanent family may be harmful for human development.

Humans are a species that require strong social ties, and have evolved to require close familial relationships that endure across a lifespan. Baumeister and Leary (1995) demonstrate this through the ‘‘belongingness hypothesis” which suggests that ‘‘human beings have a pervasive drive to form and maintain at least a minimum quantity of lasting, positive, and significant interpersonal relationships” (p. 497). Unmet needs for belonging may result in feelings of alienation, social isolation and loneliness. Therefore a sense of belonging may be a strong buffer against loneliness, and a precursor to social connectedness (Baumeister and Leary, 1995).

According to Bowlby (1998) attachment theory, particular developmental processes are determined by children’s early attachment experiences, which shape future social behaviour, personality, and relationship style. Although, relationships do not solely exist to serve functional and developmental purposes. Through an attachment lens, the development of trusting and loving long-term relationships provides support and strength for these children, fostering conditions for therapeutic recovery (Tarren-Sweeney, 2008a). Being raised in care is beneficial compared to long-term exposure to maltreatment and harsh social environments. However, there is significant evidence that being in care systematically compromises the development and well-being of children. Factors which have a direct effect

on the felt security and psychological development of children are: maltreatment in the caregiving environment, quality of caregiving, caregiver commitment to a child and caregiver bonding. These factors influence a child's ability to recover from attachment and trauma-related psychopathology (Tarren-Sweeney, 2008a).

Further, attachment theory posits that the therapeutic potential of care varies based on the characteristics of children's attachment systems when they first enter care: and to caregiver sensitivity and their capacity to provide a secure base. A child's confidence in the secure base influences the extent to which they feel confident to play, explore, be creative and learn (Bowlby, 1998; Schofield, 2002) A caregiver who is secure, available to a child, and who facilitates child's exploration and curiosity in the world, facilitates a strengthened ability for a child to develop their mind to regulate emotions, manage behaviour, achieve autonomy and develop a stronger sense of self (Fonagy, Gergely, Jurist & Target, 2003). The importance for children in care of discovering for the first time, or rediscovering, the joy of free play, learning, and exploration in the context of safe, close relationships is tied to a greater chance of fulfilling their potential and creating successful relationships outside of their new family (Schofield & Beek, 2005).

However, many children who grow up in care are not provided with a secure base for developing healthy attachments. In severe cases, children who grow up in care experience a nomadic childhood, involving multiple placement disruptions, moving from one foster family to the next in quick succession. A significant proportion of these children will end up residing in residential care settings, where opportunity to develop long-term and close family relationships is diminished. Even for the children who live in successful and stable placements in foster or kinship care, a majority reach an age where they phase out of care without a feeling of belonging and connection to either birth or foster families (Palacios et al., 2019). This experience of disconnection often leaves young people with a strong sense of

isolation, loneliness and vulnerability when they are transitioned to independence (Palacios et al., 2019)

The Importance of Stability

Placement instability is a common occurrence for children in care (Ward, 2009). It is significantly less so for young people placed under permanent care arrangements, such as adoption and permanent guardianship (Selwyn, Wijesdasa, & Meakings, 2014; Palacios et al., 2019). Placement breakdowns can occur for a multitude of reasons, however often disrupt when foster carers, whānau or adoptive parents are unable to cope with or misinterpret a child's attachment-and trauma-related psychopathology (Tarren-Sweeney, 2008b). Disruption can also occur due to contact with the birth family and family tensions (Sinclair, Gibbs, & Wilson, 2004).

Another way placement instability is experienced is when placement changes are planned to transition a child from a temporary placement to a permanent care arrangement (Tarren-Sweeney, 2008b). Frequently transitioning between placements following a placement breakdown can be 'scary' for children and leaves them feeling unsettled (Sinclair, 2007). A breakdown of a long-term placement can leave both children and carers feeling devastated. However, not all placement breakdowns are bad, as change is positive where stability is found in a permanent base, where healthy attachments can occur without further disruption. Other types of transitions allow children a 'trial' in a new home, either to determine the appropriateness of fit or whilst creating more time for a permanent arrangement to be made. This may give children a sense of conditional worth, adding to their tenuous sense of being, as opposed to unconditional as we view 'typical' biological families. Depending on factors such as the child's needs, how long they have resided in the care system, and age, these placement changes will impact a child differently (Sinclair, 2007).

The connection between placement instability and poor mental health outcomes has been strongly evidenced in the literature (Tarren-Sweeney, 2008b). A consequence of having a short succession of both planned placement changes and unexpected breakdowns is that it disrupts a child's journey to relational permanence (Palacios et al., 2019). With each shift maladaptive attachment representations towards caregivers are reinforced, which were first developed in reaction to neglectful caregiving. These constant placement moves are experienced as a series of rejections which manifest as further deterioration in the form of a bi-directional relationship between a child's challenging behaviour and placement breakdowns. This causes further deterioration in mental health, social behaviours, attachment style, ability to trust others and self-representations (thinking of themselves as unlovable and likely to be rejected) (Hébert, Lanctôt, & Turcotte, 2016; Milan & Pinderhughes, 2000, as cited in Palacios et al., 2019). With each disruption effects are amplified, often causing ongoing and more frequent placement disruptions (Barber & Delfabbro, 2004; Newton, Litrownik, & Landsverk, 2000).

Caregiver Commitment

Children and young people reach their highest potential in environments where they are provided with, safety, security and where they feel they belong. Providing a stable and permanent home environment can enable a child or young person to begin recovering from the harmful effects of exposure to abuse and/or neglect (Tarren-Sweeney, 2016). Whilst the intention of permanent care arrangements is to provide legal permanence, which can facilitate relational permanence, caregiver motivation and commitment plays a larger role in facilitating feelings of permanence and stability (Lindheim, & Dozier, 2007). It has been shown that outcomes of children in care are influenced by the emotional investment, behaviours and attitudes of a caregiver. Greater parental acceptance is associated with

increased positive self-representations and coping skills in response to separation compared to caregivers who displayed less accepting behaviours towards children (Ackerman & Dozier, 2005). Children who experience attachment disruptions in early life have an increased risk of developing negative mental representations of self, however when children are placed with a caregiver capable of being available and emotionally invested, they have a higher likelihood of changing negative self-representations and appraisals of others (Ackerman & Dozier, 2005). Children placed into new homes need motivated caregivers who are willing to commit to them permanently without reservation, with the intention of developing a life-long parental bond (Palacios et al., 2019). It has been evidenced in the literature that caregiver commitment is a factor which can regulate the quality of caregiving (Lindheim & Dozier, 2007).

It has been shown that children who have lived through disruptions in care can develop unhealthy self-representations and coping mechanisms when the caregivers they are placed with are not committed to or emotionally invested in them (Ackerman & Dozier, 2005). Due to disruption occurring at such an early age, if these children are not placed with caregivers who are highly accepting, children are not likely to trust that their caregiver will return to them, resulting in a child being unable to cope with stress and anxiety upon separation. Caregiver commitment is also significantly associated with child behavioural issues. Caregivers have been shown to display a greater commitment to children who have lower levels of behavioural issues (Lindhiem & Dozier, 2007). These children require caregivers who are highly invested and understanding of the child's attachment- and trauma-related behaviours (Palacios et al., 2019). This enhances a child's sense of self, interpersonal skills and ability to cope with social challenges in positive ways. In order to facilitate recovery for these difficulties, it is critical that children are shown often that they are loved and valued without qualification, within the context of healthy boundaries and realistic expectations.

This provides children a safe, therapeutic space to adjust to changes and separations (Ackerman & Dozier, 2005). However this is not always easy, as it can be challenging for a parent to unconditionally love a child when they present with such complex and difficult behaviours. In order to break this cycle and support relational permanence, it is important that child welfare policy and practices promote stability in the lives of these children, whilst ensuring caregivers have readily available access to specialised services (Brodzinsky, 2013). The main factors that facilitate recovery for children in care are comprehensive education of families prior to a placement, alongside having readily available mental health services that can be utilised (Brodzinsky, 2008)

Caregiver Motivations and Incentives

As noted above, the role of child behaviour is an influential factor in relation to child outcomes. However, outcomes are predominantly influenced by caregivers. Therefore, it is important that caregiver motivations and incentives to provide care are identifiable throughout the initial screening and interview process. Motivations associated positively with advantageous outcomes for foster children are numerous and can include factors such as respecting and understanding children's needs, coming from a background where fostering is familiar, being knowledgeable about caring for children, having a pre-existing relationship with the child, having accepted infertility with readiness to care and accept a new child and being used to being around children (Kraus,1971). Negative motivations associated with negative outcomes may include over-idealistic attitudes such as a feeling of obligation towards caring for or rescuing a child, unresolved fertility concerns, commitment to strict religious beliefs, and using a child for personal needs such as unresolved issues with maternal deprivation as a child or to save a marriage, have a larger family, have company, keep a

partner happy, replace grown up children or to increase family income (Cautley & Aldridge 1975; Dando & Minto 1987).

Caregiver motivations and incentives to provide care for children, when shifting from the role of foster parent to permanent caregiver, have not been adequately researched. However, it has been shown that a lack of permanency planning may contribute to bidirectional felt insecurity in child-carer relationships. Short-term orders may also increase relationship insecurity for young children in care (Tarren-Sweeney & Hazell, 2006). Further, a caregiver's perceived placement insecurity is also shown to predict negative consequences for the mental health and attachment of young children in care (Tarren-Sweeney, 2008b). It has also been shown that when foster carers who have invested strongly in a child they were bonded to have the child removed from their care, maintain an emotional distance from children placed with them in the future, to prevent further pain through loss (Ackerman & Dozier, 2005). Caring for children within an impermanent system prior to taking on a permanent or long-term caregiving role may have an influence on parental mindset, emotional investment, behaviours and attitudes of a caregiver towards a child. If the initial incentive and motivation is to help children for short periods of time (as opposed to caregivers raising a child as their own), it brings into question how transitions to permanence can be successful, where relational permanence could be facilitated. This conceptual shift of relationship and role may be significant in terms of fostering felt security for children in care; it was therefore important that this was explored in the current study.

Characteristics of Children in Care: Mental Health

Children and young people placed in care have commonly experienced significant maltreatment such as physical and emotional abuse and neglect. Experiencing maltreatment as a child initiates a probabilistic path, causing severe dysregulation of the typical

developmental trajectory, with a cascade of issues in physical, cognitive, neurobiological, and socioemotional processes (Cicchetti, 2013). The experience of losing their biological parents and moving and adapting into a new family environment, and in some cases being continuously shifted from one placement to another, can cause further harm (Tarren-Sweeney & Vetere, 2014). Furthermore, adverse early experiences in the family followed by unstable placements can lead to negative outcomes in the domains of mental health, educational achievement, social integration, growth and behavioural adjustment (Palacios et al., 2019). An increased rate of difficulties with mental health and complexity of needs have been shown in children in care, when compared to children from the general population. Experiences of loss, re-adjustment and shifts in environment often caused by placement breakdown, act to maintain pre-existing mental health difficulties, hindering children's recovery. These children are also identified in Western society as one of the most vulnerable and disadvantaged groups with highly complex mental health problems for a non-clinical population (Tarren-Sweeney, 2013). The mental health problems in this population are complex, and manifest as difficulties with attachment, anxiety associated with trauma, inappropriate sexualised behaviour, conduct problems, defiance, hyperactivity/inattention, self-harm behaviours and dysfunctional food maintenance behaviours (excessive eating and management of food intake) (Tarren-Sweeney, 2008a).

These characteristics and emerging mental health problems for children in care are not limited to New Zealand; a high prevalence has been observed in other Western countries. Tarren-Sweeney and Hazell's 2006 study assessed 347 children aged 4-9, obtaining epidemiological estimates of the mental health of children in court ordered foster or kinship care in New South Wales. From scores on the Assessment Checklist for Children (ACC) it was shown that one third of these children displayed age-inappropriate sexual behaviour and most of these children demonstrated behaviours indicative of insecure relationships (Tarren-

Sweeney & Hazel, 2006). The Child Behaviour Checklist (CBCL) was also used in the same study, which assessed the severity of mental health, socialization and self-esteem, indicating that the severity of mental health problems resembled that of clinic referred samples. The ACC revealed social, cognitive, and attention problems as well as delinquent and aggressive behaviour. For at least one CBCL scale score, more than half of the boys and half of girls in the study scored in the clinical range. Children were also shown to have lower social competence scores in all measures when compared to the clinic-referred sample. This study gives an overall indication that children in care are at heightened risk of mental health problems. Psychological support for both children and caregivers was stated to be essential as part of a prevention strategy (Tarren-Sweeney & Hazell, 2006).

Further studies from the United States have documented significant levels of mental health problems for children in state care, reinforcing the need for increased funding for mental health assessment and treatment. Heflinger, Simpkins, and Combs-Orme (2000), in the U.S state of Tennessee, reviewed former information on past use of the CBCL, using results of a representative state-wide sample to outline clinical outcomes of children in state custody. Significant behavioural problems were reported in 34% of the sample of children with a high proportion of children rated in the clinical range for the withdrawn, aggressive and delinquent subscales. Children living in family homes had a higher likelihood of scoring in the non-clinical range compared to those in foster care. White, Havalchak, Jackson, O'Brien, and Pecora, (2007), conducted the Casey Field Office Mental Health Study. This consisted of 188 14-17 year-old adolescents residing in care as a part of the U.S Casey Family Program. It was found that 63.3% of the sample had been assessed as having a minimum of one mental health disorder throughout their lifetime, in comparison to the general population with 45.9%. Youth in the sample also showed higher lifespan rates of

attention deficit hyperactivity disorder (ADHD), conduct disorder, PTSD and major depressive disorder compared to the general population.

Akin to the previous study, McMillen et al., (2005) studied the prevalence of adolescents with psychiatric disorders in the foster care system in the state of Missouri. A sample of 373 17 year-olds in the foster care system were interviewed, using the Diagnostic Interview Schedule for DSM-IV IV (Diagnostic and Statistical Manual, fourth edition). It was found that that 61% of these adolescents in foster care were assessed to have at minimum one psychiatric disorder throughout their lifespan. Compared with a sample of 18 year olds from the general population, the prevalence of PTSD for adolescents in this study was two times greater and major depression was three times greater (McMillen et al., 2005). The degree of maltreatment types experienced was the most accurate predictor of being assessed as having a psychiatric disorders. These three U.S studies further indicate the disparity between children in care and the general population, concerning the severity of mental health problems.

National surveys conducted in England, Scotland and Wales have also consistently reported high prevalence rates and severity levels of mental health difficulties for children and adolescents in out-of-home care. Using the DSM-IV and the ICD-10 (International Classification of Diseases, tenth revision), Meltzer, Lader, Corbin, Goodman, and Ford, (2004), conducted a national study on the mental health of children and adolescents in care in England. It was shown that the rate of having a mental disorder was four to five times higher for children in care compared to a sample of the general population. Out of the sample of 2,500 children and adolescents in care (aged 5-17) it was shown that 45% had a mental disorder and 37% were assessed with a clinically significant conduct disorder (Meltzer et al., 2004). A similar prevalence of mental disorders was mirrored in Wales with 49% and

Scotland with 45% of children and adolescents looked after by local authorities assessed as having a mental disorder (Meltzer et al., 2004).

Attachment Difficulties

Attachment-related difficulties are common among children in alternative care (Tarren-Sweeney, 2010; Tarren-Sweeney, 2018). Attachment is described as:
"…A deep and enduring emotional bond that connects one person to another across time and space" (Ainsworth, 1973; Bowlby, 1988).

For the majority of children, a caregiver will facilitate a feelings of safety and comfort. When feeling scared, children are biologically inclined to seek comfort and proximity from caregivers. For a child to develop a secure attachment, a caregiver must display consistent sensitivity and availability to a child in times of need (Howe, 2009). Upon entry to the care system, children often experience a painful separation from their birth family, followed by further loss of caregivers due to placement breakdowns. Further, these children have commonly experienced parental abuse and neglect prior to entering the care system. Instead of experiencing their parents as a source of love and safety, they associate being in caregiving relationships with feeling frightened, in danger, hurt and confused. When children are both approaching a caregiver for comfort and avoiding them to escape harm, these conflicting behavioural responses can hinder a child's ability to develop healthy attachments, leading to attachment-disordered behaviours (Golding 2006; Howe, 2009; Howe & Fearnley, 2003; Tarren-Sweeney, 2008a).

As outlined in the Diagnostic and Statistical Manual of Mental Disorders (5th ed; DSM-V), social neglect, or the absence of adequate caregiving during childhood is a diagnostic requirement of Reactive Attachment Disorder (American Psychiatric Association, 2013, p.265). Some children may develop this disorder, which is "characterised by a pattern

of markedly disturbed and developmentally inappropriate attachment behaviours in which a child rarely or minimally turns preferentially to an attachment figure for comfort, support, protection, or nurturance" (American Psychiatric Association, 2013, p.266). Due to limited opportunities during early developmental years, children may show no consistent effort to seek comfort, nurturance or safety from potential attachment figures when distressed. Even when caregivers make attempts to provide comfort, children will respond minimally. Children will also display an absence of positive emotions toward caregiver interactions (American Psychiatric Association, 2013). Disinhibited Social Engagement Disorder, characterised by a "pattern of behaviour that involves culturally inappropriate, overly familiar behaviour with relative strangers…which violates the social boundaries of the culture" is another disorder of non-attachment outlined in the DSM-5 caused by an absence of adequate caregiving (American Psychiatric Association, 2013, p.269).

Children who have had abusive or neglectful parents may also attempt to exert control over interpersonal relationships through being overly compliant, only relying on themselves to stay safe, or by displaying anger, through tantrums or rage. Children who have experienced inconsistent parenting may display intensified attachment behaviour due to fear of abandonment, manifested as clinginess, excessive crying and not allowing caregivers to leave their sight (Howe & Fearnley, 2003). Further, children who have experienced abusive and neglectful environments, upon meeting new carers, may view them with distrust and suspicion. A display of care and affection through sensitive caregiving may be perceived by the child as devious behaviour (Schofield & Beek, 2005). It is possible for children who present with attachment difficulties to develop secure attachments with time and consistent caregiving, however it will present a challenge to caregivers to provide specific care to meet their needs (Dozier, Stovall, Albus & Bates, 2001).

The Intended Role of Permanent Care Orders

Internationally today, there are a range of permanent care orders for children who cannot be safely raised by or reunified with birth parents within developmentally critical timeframes, where adoption is also not possible, that aim to provide a stable home environment. These circumstances necessitate identifying a legally approved permanent plan for a child. Guardianship, adoption, and parental responsibility orders (also known as custody or residence orders) provide a legal framework for children and young people to be raised in the permanent care of their extended whānau, or with new adoptive parents or permanent guardians or with their former foster carers who become adoptive parents or permanent guardians), where return to their family of origin is not safe or achievable within developmentally critical timeframes (Palacios et al., 2019). In some countries guardianship arrangements provide an alternative option: key parenting responsibilities are transferred to caregivers (often members of the extended whānau) removed from the care system, allowing the guardian to assume day-to-day responsibility over a child's life whilst connection to their birth parent is maintained (Palacios et al., 2019). This form of long-term arrangement can last until a child reaches the age of majority.

In child welfare practice, the term 'permanence' is used to describe the legal care status of children, children's relationships with their carers and placement stability (Brodzinsky & Smith, 2019). A way permanent guardianship orders and parenting orders facilitate stability for children and young people, is though provision of legal permanence. This is defined as the reunification, adoption, or transfer of legal guardianship of children or adolescents (Brown, Léveillé, & Gough, 2006). This acknowledges the authority of a child's biological parents, guardians, adoptive parents and their responsibility to provide care and decision making. It also means that the state relinquishes its guardianship and custody over a child or young person, withdrawing involvement in their daily lives. Legal permanence for

young people continues to be a critical goal in welfare systems, however, it is not realised for all children and adolescents.

Legal permanence once achieved through a permanent care arrangement, can facilitate relational permanence, also known as psychological permanence (Palacios et al., 2019). Relational permanence is a concept of equal importance, this is where children or young people experience a sense of belonging through enduring and reciprocal close primary attachments to parents, extended family or other caregivers, involving at least one adult who provides a permanent, parent-like connection for that young person (Brown, Léveillé, & Gough, 2006; Palacios et al., 2019). Each person must also have a sense of belonging to one another permanently, where they see their close attachments as being part of a family (Palacios et al., 2019).

Evidence from the literature shows many benefits for children and young people who have positive relationships with supportive adults. These include positive long-term effects on psychological, social and financial success outcomes, involving improved self-esteem, academic achievement, and interpersonal skill development (Geenen & Powers, 2007; Massinga & Pecora, 2004; Perry, 2006). It is important that the intended role of permanent care orders translates into practice, with lifelong permanence as a core objective. In terms of establishing permanent care policy and practice frameworks, a child's long-term wellbeing, safety and welfare is paramount, and must be prioritised. To foster stability and permanence, long-term recovery from exposure to chronic and severe maltreatment by their parents and relational uncertainty must also be considered (Palacios et al., 2019). Exposure to high-risk or unstable environments whilst waiting for an alternative placement is not beneficial (Palacios et al., 2019). Where children cannot remain with their families, or be reunified with birth or extended family, after provision of parent interventions and the appropriate specialist

services, it is important that prompt placement, stability and both legal and relational permanence with a new family are prioritised.

The Permanency Planning Movement: A Brief History

Foster care originally aimed to separate children from their birth parents in an attempt to rescue them from potentially damaging home environments (Schene, 1998). The ongoing existence of such a large number of children growing up in disruptive and harmful conditions, with diminished sense of connection, stability and permanence, gave rise to the U.S permanency planning movement during the 1970's. The legislation of permanency planning occurred in the U.S under the Adoption Assistance and Child Welfare Act 1980 (Barber & Delfabbro, 2004; Pecora et al., 1992). This was created to decrease the large volume of children in the care system who were experiencing instability, painful separations from parents and care plans with indefinite time-frames (Pecora et al., 1992). Similar to now, a high proportion of children lacked close, enduring relationships with their birth or foster families when they reached adulthood (Tarren-Sweeney, 2016). A shift away from formal family foster care and the 'child rescue' model ensued.

The purpose of this movement was to advocate for stability of care for children and enduring carer and child relationships (Pecora et al., 1992). Further, the permanency planning movement was centred around two objectives, firstly, restoring children back with their parents, where restoration would result in permanent care. Secondly, in cases where restoration with parents was not a safe option for children, the objective was to minimise the duration of time children resided in impermanent care, aiming to intervene as early as possible to shift children into permanent families, such as adoption or guardianship (Tarren-Sweeney, 2016).

The permanency planning movement also emerged in the United Kingdom throughout the 1970's to the 1980's. Initially permanent care placements involving adoption were supported and communication with the birth family was commonly cut-off. This shifted when the Children Act 1989 for care in England and Wales was actioned. This focused on shifting the role of a foster carer as a substitute parent, towards a shared and inclusive approach, involving birth parents, with the objective of reunification with the child's family of origin where feasible (Nutt, 2006; Sellick & Thoburn, 1997).

As the intention of permanency planning was to restore children to their birth families prior to seeking 'impermanent' care arrangements, at first it was seen to be compatible with the principles of family preservation. Under a family preservation framework, foster care is seen as a short-term protective intervention to aid family preservation, as opposed to permanently removing a child from their family (Tarren-Sweeney, 2016). However, for an increasing number of children it is not feasible to eventually return to their birth families. There is conflict between permanency and family preservation philosophies as to whether and when children in care should be placed under permanent orders, as this can cut off the possibility of family restoration. The key debate surrounds the degree to which statutory care impacts a child's wellbeing, development and felt security alongside the effects of being removed from their birth parents (Tarren-Sweeney, 2016). Further, disagreement surrounds the timing of child protection interventions alongside when permanent court orders should be actioned, as these decisions can impact developmentally critical time periods for children (Ward & Brown, 2016).

In recent years, there has been a shift away from foster care towards whānau care in most Western jurisdictions, with an increasing trend towards seeking whānau care placements for children in the care system internationally (Crosson-Tower, 2007; Hunt, 2009). Now that governments across the developed world are prioritising kinship care, the

use of extended family systems has become a large contributor to the delivery of out-of-home care services (Connolly, Kiraly, McCrae & Mitchell, 2016). New Zealand has mirrored these international developments. The Children, Young Persons and Their Families Act 1989 brought in changes to child welfare practice, shifting from residential care to promoting a 'family support model' where retaining children within their extended whānau became paramount. The new legislation demonstrated a fundamental revaluation of the whole framework of child welfare and "lifted New Zealand to the forefront of international policy and practice" whilst also considering cultural heritage and practice (Dalley, 1998, p.8). This legislation also deemed the welfare and interests of children and young people as paramount, with consideration given to maintaining relationships with whānau and allowing whānau involvement in decisions concerning the welfare of their children (Child, Youth and Family, 2001). Family preservation services were allocated funding to reduce out-of-home placements, with a particular focus on supporting Māori children residing within their iwi (Māori tribe/extended whānau group) (Dalley, 1998). Where maintaining the relationship between biological parents/primary caregivers and the child was deemed unsafe, kinship placements with extended whānau were considered to provide an alternative home.

However, despite efforts to preserve children within their iwi, whānau care in New Zealand cannot technically be considered permanency planning. Unlike Special Guardianship orders afforded to kinship carers in the United Kingdom, whānau care placements in New Zealand are mostly retained within the out-of-home care system, and lack legal permanence. Currently, permanence in New Zealand is sought by way of a policy of shared parenting orders called Home for Life, as opposed to a non-contestable transfer of guardianship. This policy aims to aims to convert out-of-home care placements to permanent placements. Although this policy has been in place for about a decade, it has not yet been sufficiently evaluated in terms of whether it serves children and families adequately in terms of their,

wellbeing, development, and future life outcomes. Furthermore, it is yet to be explored whether this permanent order is fostering relational permanence.

Children in Care: A New Zealand Context

In New Zealand, children are likely to be placed into permanent care if they have experienced severe maltreatment at the hands of their previous parents. From these specific cases arise concerns surrounding adequacy of care and protection, as a result reunification of a child and their family of origin becomes contrary to the child or young person's best interests (Jackson & Gibbs, 2016).

Fostering, parenting orders, special guardianship orders, whānau care or adoption are alternative care arrangements that can be provided for children who are in environments where their own biological parents or primary caregivers cannot provide adequate care. A significant proportion of children grow up in foster or whānau care without ever being placed under a permanent order. Foster care involves short term respite or emergency care, transitional care and long-term care (Oranga Tamariki, 2019). To become a caregiver in New Zealand, there is a process to receive approval and training by the Ministry of Vulnerable Children, Oranga Tamariki. This necessitates a 2-3-month process where an application form is completed with supporting proof of identity, a police check, a doctor's medical report and two references (Oranga Tamariki, 2018). Following this there is an interviewing process.

The Ministry of Social Development, (2017) statistics indicate an increase in the number of children and young people in New Zealand, residing away from their home of origin, who are either in custody of the Chief Executive or in out-of-home placements. From June 2016 to the end of June 2017, the total number of children and young people in custody of the Chief Executive rose by seven percent (from 4,394 to 5,708). There was also a seven percent increase of children and young people in out of-home placements (rising from 4,394

to 4,716). Data from June 2017 shows that a large number of children are placed in Whānau Placements (2,515) living with relatives and alternate caregivers rather than with their parents of origin. The remainder of children are placed in Non-Whānau Placements (1,368), Child and Family Support Services (541) and CYF Family Home Placements (116) (Ministry of Social Development, 2017). New Zealand data reflects a need for supportive, loving and stable care of vulnerable children who cannot return to live with their own families.

New Zealand's Home for Life policy

On the 11th of August 2010 Minister Paula Bennett announced Home for Life, a new policy initiative which endeavours to refocus attention toward providing permanent homes for children in care with whānau or non-whānau caregivers, when it is not viable to return a child or young person to their family of origin. Through this initiative Home for Life parents make a commitment to being a permanent Home for Life parent for a child or young person prior to the order being initiated. Home for life is solely available to children who reside in the formal custody of the Chief Executive of Oranga Tamariki and is actioned when prospective Home for Life parents' consent to children being made subject to orders under the Care of Children Act (COCA) (2004). Under this Act, Parenting Orders can be made in favour of whānau and non-whānau caregivers, as well as Additional Guardianship Orders. Under COCA, when a Parenting Order has been granted the state (Chief Executive) relinquishes its care of a child, however the birth parents remain as guardians. Through this initiative Home for Life parents make a lifelong commitment to a child or young person through becoming a permanent caregiver. Despite this commitment to permanent caregiving under Home for Life, Home for Life parents share guardianship with birth parents under a parenting order. A Parenting Order encompasses the daily care of children and can additionally be used to initiate contact arrangements for birth relatives. COCA is the primary

legislation used in the Home For Life policy as it allows the transfer of state parental responsibility to alternative caregivers. Importantly, it also permits shared guardianship with birth parents. When guardianship is not only held by one set of caregivers, all guardians have authority to make joint decisions on guardianship concerns such as medical treatments, faith and school (section16 Care Of Children Act).

The Home for Life initiative was implemented with the goal of reducing the period of time in which children and young people reside in state care, alongside reducing placement changes these young individuals experience. This policy states that Oranga Tamariki wants this vulnerable population to be provided with a Home for Life where children and young people will feel secure, loved and wanted. A further objective was to decrease the total number of children and young people in care by 1,200 over a 4–5-year timeline (Bennett, 2010). This was stated when the total number of children who were in the care of Oranga Tamariki was over 5,000 at any given time. Since this policy was implemented 2,918 children have achieved a Home for Life from 2010-2017 and the latest care population recorded in 2017 was 5,708 (Ministry for Children, 2018).

The Home for Life policy states that social workers must work to maintain a focus on establishing permanent care with extended family caregivers first. It sets out to foster familial connections and to provide a space where spiritual and cultural needs are fulfilled (Department of Child Youth and Family Practice Centre, 2014). It further outlines that where extended whānau placements are not possible, a non-whānau placement is to be explored. The policy also states that social workers aim to find a match of best fit between prospective Home for Life parents and the child or young person. It is included in the policy that factors such as ethnicity and spiritual beliefs are taken into account. In addition it is evaluated whether Home for Life parents have the capacity to provide consistency for a child whilst

maintaining a relationship with their birth parents (Department of Child Youth and Family Practice Centre, 2014).

Currently there exists two groups of children and young people: those in a Home for Life placement and those in a Home for life Achieved. Children under care of the Chief Executive are viewed as being in a Home for Life placement when they are placed with an approved Home for Life parent. This Home for Life parent will have agreed to be a permanent carer and provide a permanent home. However until guardianship is transferred to prospective Home for Life parents and birth parents, these placements are still considered part of the total number of children and young people in state care. A Home for Life Achieved is the next stage in the process, where legal orders have been obtained to secure permanent custody of the child or young person, and the orders in favour of the Chief Executive have been discharged. In exceptional circumstances a Home for Life may be deemed achieved, where whānau have committed to permanent care and it is established that legal orders are not necessary for the safety of the child or young person. Approximately 4,500 children per year reside in different types of foster homes, residencies and whānau placements (Ministry of Social Development, 2015). Since the introduction of the Home for Life policy scheme, approximately 420 children per year have gained a Home for Life. This is significantly higher compared to adoption of 100 children per annum (Ministry of Social Development, 2015).

Unlike adoption where prospective Home for Life parents are required to pay the legal costs of the adoption application to the Family court and legal fees associated with birth parents signing their consent, this order has the intention to remove financial barriers that Home for Life parents may face when deciding to care for a child permanently. This policy aimed to provide guardians with a package comprising practical and financial support. Once legally secured, ongoing support was proposed to be provided for up to three years with the

goal to sustain permanent care arrangements after Oranga Tamariki is no longer involved. This support was stated to encompass coverage of Home for Life parents reasonable legal costs incurred in taking on orders, paid by Oranga Tamariki. It is outlined that once Home for Life orders are approved, a lump sum payment of $2,500 is provided for each child or young person. Additional financial assistance is available from Work and Income (Unsupported Child's Benefit (UCB) and Child Disability Allowance, Child Care Subsidy). Home for Life parents are provided with assistance to access these services. It was proposed that a three year post-discharge care support service is available from one of the three NGO Home for Life providers; Open Home Foundation, Te Puna Whaiora and Barnardos. This support was said to include help with respite care or with school holiday programmes. The policy outlines that Home for Life parents are also entitled to have ongoing access to a national foster care training programme. A baby starter pack is said to be available for children under the age of two at the time of placement. This is intended to cover the costs of basic necessities such as cots, high chairs, clothing and other items necessary for caring for a baby (Department of Child Youth and Family Practice Centre, 2011). Regular payments to Home for Life parents for rent, clothing or other necessities are said to be withdrawn once orders are official in securing a Home for Life as it is expected that permanent Home for Life parents will be responsible for covering these costs. The CYPF (Vulnerable Children) Amendment Act 2014 which was abolished from 1st of July 2016, was a Services Order that Home for Life parents could utilise for additional supports. This was intended to provide payments for use of services such as legal expenses, therapy (for Home for Life parents and children) health, school and recreational activity fees (Atwool & Gunn, 2012). It is stated that additional finance required for Home for Life families is now accessed through the UCB (Unsupported Child's Benefit) which is a weekly payment intended to cover general needs pertaining to

caring for a child who's birth parents cannot care for them because of a family breakdown (Department of Child Youth and Family Practice Centre, 2011).

Aside from the initial support package outlined above, there was previously no ongoing guaranteed provision of therapeutic support by the government after orders had been actioned. However, from 1 July 2016 the Permanent Caregiver Support Service (PCSS) was actioned to support whānau and non-whānau permanent caregivers in accordance with the Oranga Tamariki Act 1989 ("Permanent Caregiver Support Service", 2019). This outlines that Home for Life parents are able to contact the PCSS at any point in time until the child in their care turns 18, to request both financial and other types of assistance. This states that caregivers are able to discuss entitlements with PCSS social workers and once support is approved it is provided to caregivers to help meet the needs of children. It further outlines that for caregivers in the process of taking on permanent orders for a child, a support plan can also be developed with a PCSS social worker, providing support for up to 12 months. The plan is stated to be actioned once orders are made and will coordinate support services confirmed in the plan ("Permanent Caregiver Support Service", 2019).

To date there have been limited evaluations of the Home for Life policy, with one conducted 18 months post implementation (this study is reviewed in the following section). A research article by Jackson and Gibbs (2016) explored the Home for Life policy and its limitations in achieving permanency for children, in particular outlining the insufficient legal protection Home for Life parents are afforded due to their inability to have sole decision making rights, subjection to legal challenges from birth parents, and the lack of post-permanency support. Additionally, this policy also does not extend to informal care arrangements, specifically extended family placements. As the child or young person's parents of origin retain a level of legal rights such as having contact, and in some cases guardianship, there exists uncertainty regarding the degree of legal protection Home for Life

parents are afforded. As birth parents can legally challenge Home for Life arrangements, the contestability of this order has been recognised as a road block to both supporting or taking part in a Home for Life placement (Atwool & Gunn, 2012; Centre for Social Research and Evaluation, 2012). In the event that guardianship issues arise, both Home for Life parents and birth parents must make joint decisions through negotiation with each other. Difficulties may arise reaching consensus when relationships are unsteady and/or there are opposing views on what decision may be in the best interests of the child (Jackson & Gibbs, 2016).

To address this, Home for Life parents can secure custody and guardianship of children who need a permanent care arrangement by applying for a Special Guardianship order. This can limit the rights of birth parents in making decisions for children who reside in Home for Life care. This order typically enables guardians to make important decisions concerning a child's life, and is specified based on what is in the best interests of the child. It provides guardians day-to day care of their children until age 18, enables the court to outline which specific guardianship rights will be shared between the special guardian and existing guardians, and whether particular rights will be held solely by the special guardian (Rolls, 2020). This order was made with the intention of replacing any existing guardianship orders made under the COCA and cannot be applied for initially. The Home for Life parents applying for this order must also have "exercised all mechanisms available under the Care of Children Act (COCA) to resolve disputes" with the other shared guardian or parent (Oranga Tamariki Act 1989, p. 134). Further restrictions of making this order to have increased guardianship rights include: "The person applying has to have been unable to effectively exercise his or her guardianship or day to day care responsibilities; AND the inability is due to the conduct of the parents/other guardian, and the conduct forms a pattern of behaviour; AND that inability is due to the conduct of the parents or other guardians of the child or young person, AND that conduct forms a pattern of behaviour; and the child's or young

person's well-being is being threatened or seriously disturbed as a result" (Oranga Tamariki Act 1989, p. 134). Once an application has been submitted, the level of ongoing contact with the birth parents then rests with the Family Court. In cases where the wellbeing of the child is at risk alongside an inability of parents caring for the child to effectively exercise day to day care responsibilities without dispute, this process may prolong ongoing strain with the birth parent/parents, and child in care until actioned. This process poses concern for the wellbeing, safety and stability of a child, where a birth parent/parents not fit to care for a child are still responsible for making joint decisions.

Furthermore, concerns have been raised surrounding the comprehensiveness of the Home for life support package in regard to post-permanency supports. A child or young person in need of a permanent placement has unavoidably experienced a degree of trauma as a result of their history of care and protection and there therefore exists a greater likelihood that a child's emotional, physical, relational, and/or cognitive development may be impaired (Tarren-Sweeney & Hazell, 2006; Cooke, 2008). The role of specialist support services is critical in supporting these children with developmental and attachment difficulties. Whilst some children exhibit these problems when permanency is confirmed, others may not display any behaviours of concern until the three year support package has reached its end. For a small number of children who have been abused or neglected by their birth parents or long-term guardians, ongoing care is a necessity as these children have experienced more extreme, varied, ongoing and chronic maltreatment (Tarren-Sweeney, 2016).

A child in need requires support regardless of whether they are tied to a particular legal status or not, as ongoing support is critical to promote positive life outcomes and placement success (Schofield & Beek, 2005; Dhami et al., 2007; Ministry of Social Development, 2015). The Home for Life policy does not cover informal care arrangements with extended whānau placements. Even though alternative long-term foster carers may be

providing children with a sense of belonging and permanence, legal permanency is not confirmed. Thus in many cases foster parents and extended whānau carers in need of additional support are not being provided with the Home for Life support package. The effect of the provision of support services being tied a the three year period must be explored further.

There is a widespread consensus in the evidence base regarding stability of care supporting better outcomes for children, as opposed to experiencing multiple shifts and placement disruption (Atwool, 2010; Nutt, 2006; Palacios et al., 2019; Rubin et al., 2004). Overall the literature indicates that the most important child welfare policy objective in terms of the wellbeing of children needs to be prioritising children and young people's 'psychologically permanent' relationships with their primary attachment figures with the intention of supporting a felt sense of connectedness, security, care, safety, trust and permanence in relationships with their caregivers (Ackerman & Dozier, 2005; Schofield & Beek, 2005; Tarren-Sweeney, 2016). Additionally, it is important that specialised therapeutic support services are readily available for both caregivers and children in care, regardless of legal care status. The Home for Life permanent order sets out to provide a sense of security through provision of legal permanence, however this permanent order is yet to be evaluated as to whether it serves children and families adequately in terms of facilitating relational permanence, felt security and healthy psychological development.

Permanent Guardianship: An International Context

This section aimed to place the Home for Life order, historically and currently in relation to permanent care orders that exist elsewhere. The present chapter interprets Home for Life and international orders suitable for comparison, against the following framework, guided by

Tarren-Sweeney (2016), outlining seven components useful in determining whether permanent orders are serving children's needs best:

1. Contestability: To what extent is the permanent order legally contestable?
2. Sole or shared guardianship/custody: Is legal guardianship wholly transferred to 'permanent' carers, or is guardianship shared with the state and/or the child's birth parents?
3. Road-testing requirement: Can children be placed with new guardians or adoptive parents with this order, or is it only available for children residing in existing stable foster or whānau placements, where the legal status of that existing placement is changed?
4. Whānau, non-whānau, or both: Can this order be used for both whānau and non-relative placements, or is it specific to one or the other?
5. Ongoing birth family contact: Does the order require, or allow for, or not allow for ongoing contact with birth parents and other kin?
6. Provision of therapeutic support: After the state transfers guardianship to the permanent carers, does the state accept that it has a continuing obligation to facilitate or fund psychosocial interventions for children and their caregivers?
7. Culture and ethnicity: Does the guardianship order include any specific features that promotes/protects children's cultural belonging and traditions?

Interpretation of the Home for Life Order

1. *Contestability.* The legal aspect that defines a 'permanent' order is that it is non-contestable. This means once it has been actioned it cannot be dissolved by the courts or any other party, with one exception, namely if a child is maltreated and is removed from their guardians into state care. Home for Life is contestable as birth parents can

challenge legal arrangements, this has been identified as a barrier to achieving permanency (Cooke, 2008; Atwool & Gunn, 2012; Roxburgh, 2014). Lawyers, judges and HFL parents have displayed discomfort surrounding the ability of birth parents to undermine placements (Centre for Social Research and Evaluation, 2012). The contestability of this order does not equate to legal permanence. As this order can be legally changed in the future, it is not truly permanent.

2. *Sole or shared guardianship/custody.* Home for Life parents are caregivers who already have parenting and additional guardianship orders under the Care of Children Act. This permits shared guardianship or parental responsibility with birth parents. All guardians have authority to make joint decisions on guardianship concerns such as medical treatments, faith and school (section16 Care Of Children Act). Home for Life parents and birth parents must make joint decisions through negotiation with each other. Therefore legal guardianship is not wholly transferred to Home for Life 'permanent' carers. If Home for Life parents wish for more parenting rights, they can apply for a special guardianship, however the legal test these parents must meet for attaining this level of permanency is exceptionally high (Cooke, 2013). They must demonstrate that they have done their best to fulfil their consultation obligations as additional guardians as well as proving that the actions of the birth parents are disrupting this and that it is detrimental to the child's wellbeing (Jackson & Gibbs, 2016). Establishing that birth parents are causing harm to a child's wellbeing may prove difficult. For example if birth parents consistently undermine a Home for Life placement by preventing the family from taking a child on holiday, disrupting their sense of belonging, it may be argued that this is not directly harmful to a child's wellbeing. In some cases this is an unattainable threshold and leaves in question

whether special guardianship will be able to protect Home for Life families. Furthermore, the responsibility of meeting the requirements to qualify for special guardianship places a burden on Home for Life families (Jackson & Gibbs, 2016).

3. *Road-testing requirement*. Children cannot be placed with new guardians or adoptive parents under the Home for Life order as it is only available for children residing in existing stable foster or whānau placements (Jackson & Gibbs, 2016). Home for Life only applies to long-term foster parents who have become permanent caregivers of a child previously in care of the Chief Executive, through securing COCA (2004) orders. It is not an all-encompassing policy as long-term foster parents who care for children under the care of the Chief Executive are not eligible for Home for Life support as they fall under the they fall under the CYPFA (1989). Therefore the order is not finalised until the placement has been road-tested, effectively preferencing existing foster and whānau care placements. This policy does not apply for informal care arrangements such as extended family placements. Therefore, despite providing a sense of permanency, as legal permanence has not been established, many children under foster and informal care arrangements are missing out on the support package (Jackson & Gibbs, 2016). This road-testing requirement does not directly work against relational permanence for those children who successfully transition from foster care to permanence within their existing placements, however this policy incurs an 'opportunity cost' for children who remain in out-of-home care who do not acquire permanence. This policy doesn't proactively aim to acquire legal and relational permanence for all children placed in out-of-home care who require a permanent alternative home. Rather, each long-term foster placement functions as a trial. Furthermore, it requires foster parents to make a shift in role, commitment and

motivation from non-permanent to permanent, whereas there is a pool of potential permanent carers whose sole motivation is to become alternative permanent parents. Therefore, this policy incurs two opportunity costs: 1. The cost to children who grow up in the care system without being offered a pathway to permanence; and 2. The cost incurred from excluding highly committed prospective permanent carers.

4. *Whānau, non-whānau, or both?* Home for Life can be used for both whānau and non-relative placements.

5. *Ongoing birth family contact.* The Home for Life parenting Order permits the day-to-day care of children and can also be used to ascribe contact arrangements for birth parents. Under this order, a portion of legal rights are retained by the child's birth parents, specifically contact and/or guardianship decision making concerning school, medical treatments and religion (section16 COCA).

6. *Provision of therapeutic support.* Provisions of s388a are included in a Permanent Caregiver Support Package are accessible until the young person reaches 18 years of age. This package offers Home for Life parents reasonable legal costs to secure permanent orders, a $2500 lump sum payment for the individual needs of a child, a 12 month individual support plan, access to the National Caregiver Training Programme (NCTP), a Permanent Caregiver Support Service referral and the ability to apply for financial or other assistance from the PCSS Permanent Caregiver Support Service (PCSS) imminently or in the future. Caregivers discuss entitlements with PCSS social workers and once support is approved it is provided to caregivers to help meet the needs of children (Oranga Tamariki, 2016). Under this system caregivers must prove

they meet criteria to receive support. Further, ongoing involvement of a social worker and Lawyer for Child associated with receiving this support has been identified as a concern as children continue to be engaged with the care system and feel 'as if they are still CYFS kids' (Atwool & Gunn, 2012, pp. 45). Additional financial assistance can be accessed through Work and Income (Unsupported Child's Benefit (UCB), Child Disability Allowance and Child Care Subsidy).

Financial and or other assistance will only be provided as Oranga Tamariki, 2016 follows:

a) The need for assistance arises from the care and protection needs or the extraordinary health, education or developmental needs of a child or young person;
b) Those needs are greater than it is reasonable to expect the permanent caregiver to meet
c) Those needs cannot be met by existing sources of support under this Act or any other enactment, and are unlikely to be provided otherwise; and
d) It is reasonable in the circumstances for the chief executive to provide the assistance
e) The provision of assistance is consistent with any general or special directions (not inconsistent with this section) given to the chief executive in writing by the Minister.

7. *Culture and ethnicity*. The extent to which the Home for Life order includes features that protect a child's cultural belonging and traditions is through selection of placements. If a child is to be permanently placed with non-whānau caregivers, social workers undertake a selection process, aiming to finding the best match between caregivers and the child. Both the caregiver and child's ethnicity and religion are considered, alongside the caregivers' capacity to provide continuity for the child and preserve the child's relationship with their birth parents (Department of Child Youth and Family Practice Centre, 2014).

Comparison of International Orders

Currently there are few precedents for the Home for Life parenting order internationally. Therefore it proved difficult to find other international research to both compare the Home for Life parenting order with, and to use as a point of reference, to evaluate whether the Home for Life parenting order is functioning successfully. A parallel could be drawn between the Home for Life parenting order, and the English 'Special Guardianship Order". A Special Guardianship Order (SGO) permits sole parental responsibility to be transferred to one or more individuals, typically family members, for a child who is unable to reside with their birth parents (Simmonds, Harwin, Brown, & Broadhurst, 2019).

In terms of the contestability of this order, the court may alter or discharge a special guardianship order if any parent, guardian or special guardian of the child concerned, anyone who has had previous parental responsibility for the child, the child themselves, or the local authority makes an application. The order may also be discharged where there is concern surrounding the welfare of the child (Adoption and Children Act, 2002). Although the essence of a Special Guardianship Order enables the person in possession of the Order to exert responsibility "to the exclusion of all others" (Child Law Advice, 2019), a basic legal link between the child and their birth parents is retained. By law, financial responsibility remains with the birth parents, who are obligated to pay maintenance for the child's upbringing.

In terms of the road-testing requirement element, a child must reside with the foster carer or a relative for a minimum of one year prior to gaining special guardianship orders. This is so it can be indicated to the courts that their decisions are based upon sound relationships and living arrangements that have been previously established (Simmonds et al., 2019). Ongoing birth family contact is permitted under this order where contact with birth

parents is considered safe, positive and supportive for the child. For particular cases a Supervision Order is necessary for birth family contact (Simmonds et al., 2019).

After guardianship has been transferred, provision of therapeutic support is only automatically entitled to children who have been previously looked after by a Local Authority. In the case that a child has not been in care of a Local Authority, it is possible to request a support services assessment. Possible services families can qualify for include: therapeutic services, counselling, mediation with contact arrangements, respite care, parent training for special guardians and financial assistance (Child Law Advice, 2019). The special guardianship order does not include any specific features that promotes/protects children's cultural belonging and traditions.

It is known that most adoption disruptions occur during adolescence and many children under a Special Guardianship order have not reached this age yet. Unlike adoption, Special Guardianship orders in England end at the age of 18 (Simmonds et al., 2019). As to whether the majority of families continue to care for these young people, the answer is unknown.

Simmonds and colleagues (2019) summarised Special Guardians' experiences and views regarding the local authorities and courts and the process of becoming a Special Guardian. It was outlined that it was both confusing and stressful going through the process of becoming a Special Guardian. Special guardians believed they did not have sufficient information about the child. They felt there was a lack of both legal and social work support, which impacted their ability to advocate for financial and other provisions of support. Further, some felt unprepared for their role as guardian, and did not understand the nature and parameters of special guardianship, having to resort to researching on Google. Making contact with birth parents was described as being conflict prone and problematic. In these cases, a Supervision Order was said to be beneficial in terms of navigating difficult

relationships. Overall, the strongest theme was the significance of support as local informal support groups and family were highly valued. Despite this, it was also outlined that there were both structural and internal barriers which caused difficulties in accessing support services. Overall the review concluded that this order is significant in terms of offering permanence for the right child and family. Although, it also emphasised a lack of ongoing support, assessment, and preparation for those taking on special guardianship for children with complex needs (Simmonds et al., 2019).

A further parallel could be drawn between the Home for Life parenting order and the South Australian guardianship order, also known as long term guardianship orders. In South Australia, section 89 of the Children and Young People (Safety) Act 2017 (CYPS Act) states that an approved carer (whānau or non-whānau) can apply to the Chief Executive, Department for Child Protection (DCP) and request for an application to be made to the court for an order to place a child or young person solely under the approved carer's guardianship. Once a carer has undertaken an assessment and proves suitable to care for a child or young person, the Department for Child Protection will subsequently apply to the Youth Court for an order placing a child or young person under the guardianship of the carer until they reach 18 years of age.

In terms of the road-testing requirement, an approved carer can submit an application under section 89 if the child or young person has been in the approved carer's care for a minimum of two years. However, where deemed appropriate, the Chief Executive may exercise their discretion and permit an application to be actioned in a shorter timeframe. This may occur in cases where a multiple siblings are placed with the same approved carer/s and an assessment deems it appropriate to apply for an order for all siblings simultaneously (Children and Young People (Safety) Act 2017). However, this is rare and seldom occurs in practice as the Department for Child Protection typically requires a longer timeframe to

assess the quality of the carer's current and future capacity to support the child or young person, the carer's commitment to maintaining a connection to a child's birth family, community and culture.

In terms of ongoing family contact arrangements, these are determined by the Chief Executive on a case by case basis. In any particular case it may be decided that there is to be no contact between a young person and another specified person. If reunification is considered unlikely than special consideration is given to the new guardian to avoid undermining or compromising the capacity for a child or young person to build or maintain their attachment to the new guardian/guardians (Children and Young People (Safety) Act 2017).

The state accepts that it has a continuing obligation to facilitate and fund psychosocial interventions for children and their caregivers. The minister has an obligation under this act to promote a partnership between government, non-government agencies and families to offer evidence-based programmes and support services, promoting early intervention and the wellbeing of children (Children and Young People (Safety) Act 2017).

A specific feature that promotes/protects children's cultural belonging and traditions under this order is the Aboriginal and Torres Strait Islander Child Placement Principle whereby Aboriginal and Torres Strait Islander people must work in partnership with state authorities concerning the placement of Aboriginal children. It is prioritised that children are placed with someone of a similar background from their family or community (Children and Young People (Safety) Act 2017).

Another care arrangement set up to include specific features that protect a child's cultural belonging and traditions (aligned with measure 7), is the open adoption legislation in the Australian state of New South Wales (NSW). Adoption is considered inappropriate for Aboriginal cultures, therefore relative or kinship care arrangements are prioritised for

Aboriginal children who are unable to reside with their birth parents (NSW Government, 2019). In some circumstances parents feel that it is necessary to formalise a child's placement with their extended family or step parents through adoption. The Adoption Act 2000 permits Aboriginal children to be adopted, however, additional criterial must be met prior to the adoption order. Specifically, when a child cannot return to their birth family and living with extended family is not an option, a placement with a non-family member in the Aboriginal community will be considered first. Preserving given names, language and cultural ties is stated to be essential when making care arrangements for these children. It is outlined that prospective parents must commit to cultivating the child's connection to the Aboriginal culture and heritage. Government authorities aim to work with Aboriginal communities to make these decisions in the best interests of children. They want to provide Aboriginal people the opportunity to have as much input and self-determination as possible in the decision making surrounding placement of Aboriginal children (NSW Government, 2019). These features which protect a child's cultural belonging are important and require a considered approach as there exists a painful history in Australia where stolen generations of indigenous children were forced to repress their language and adopt European culture.

Tarren-Sweeney, (2016) states that factors which influence placement stability are; the specific type of care order, the degree to which these orders offer a permanent placement and the level of caregiver commitment. These factors are derived from comparing the stability rates of permanent care orders. Data available from the United Kingdom is useful for drawing comparisons between these types of care orders. Selwyn and colleagues (2014) examined the national dataset in England for the following three types of permanent orders: Special guardianship, Residence and Adoption orders. The following shows the 5-year disruption rates for each order: Special guardianship order 5.7% (57/1000); Residence order= 14.7% (147/1000); Adoption order =0.7% (7/1000). Approximately two-thirds of disruptions

for Special guardianship and Residence placements took place prior to children turning 11. After 12 years the disruption rate for Adoption orders increased to 3.2% with a small number of these occurring during adolescence. Variations between disruption rates of these three permanent orders may also be explained by a selection bias, a phenomenon where children at lower risk for disruption (due to a lower severity of developmental issues and itinerant care histories) have a higher likelihood of being adopted. Those predisposed to being higher risk in terms of disruption are often placed on residence orders. Despite this phenomenon which may cause variations between disruption rates, statistical modelling has confirmed that the type of permanent care order is the strongest predictor of disruption, independent of other variables (age of entry into care or permanent placements) (Selwyn et al., 2014).

Chapter Two: Literature Review

A systematic review of the literature was undertaken to identify available and relevant research studies. The review aimed to identify and summarise the available findings relating to evaluations of long-term or permanent care arrangements, and to identify themes pertaining to how these arrangements function to serve children and the families that are raising them. In doing so, ways in which permanent or long-term care arrangements can be structured to cultivate positive outcomes for children and caregivers may be revealed. The literature review provides a starting point, identifying inconsistencies or gaps within the literature to better inform the direction of the proposed thesis. Details of the selection of the chosen studies are outlined below, followed by the review of the current findings.

Search Strategy

Searches were made within the following electronic databases: PsycInfo (American Psychological Association), Google Scholar, CINAHL, Scopus, Social Work Abstracts and EBSCO host. The following search terms were combined in a variety of ways using Boolean search operators (* indicates truncation): permanent care*, permanent caregiver*, permanent order*, guardianship*, long-term fostering* parenting order*, long-term*, child* and parent**. The following search terms were also used: perception, attitudes*, experiences*, views*, feelings* and qualitative. PsycInfo yielded the largest number of relevant articles. The reference section of relevant studies were also used to find studies that may have been missed in the search. The search covered the period from 2002 to 2019.

Selection Criteria

Inclusion: Studies were included if they met the following criteria: (1) As this review aims to focus on long-term care arrangements, the study had to include child or caregiver

reflections, and/or evaluations related to long-term or permanent care arrangements as central concepts; (2) the articles were written in English; (3) studies were published during the time span from 2000 until 2020. Further, these studies were not limited to any particular country or region. *Exclusion:* It therefore excludes studies and evaluations of types of care that are short-term such as emergency and respite care, as well as intermediate transitional care. The exception to these criteria is where permanent care or long-term care arrangements are evaluated in studies alongside these different types of care. Studies focused on caregivers and children involved with adoptive care are not specifically groups of interest, however they were included where relevant to the current study. From the literature searches and reference sections of studies a total of 56 relevant studies were identified and 31 of these were found to fit the selection criteria.

Outline

The studies selected for this review do not provide a body of research on caregiver experiences of Home for Life, the parenting order being investigated for the proposed study. Rather, the studies selected provide an evaluation of the characteristics of permanent care arrangements, long-term fostering, parenting orders around the world and long-term care arrangements, providing some context regarding caregiver and child experiences of permanent care, and caregiver experiences of caregiving. The purpose of describing these other arrangements alongside their evidence base is to provide the reader with a sense of the field in general. Due to sparse literature in the domain of research regarding evaluations of long-term care arrangements and/or caregiver reflections, and evaluations or perceptions related to how different types of long-term care arrangements are functioning, it was difficult to coalesce findings. There were difficulties in the interpretation of findings across all studies for review due to the absence of an overarching theoretical framework, methodological inconsistencies

and the diversity of results between and within the selected studies for this review. Therefore as opposed to categorising studies into methodologically similar groups for this review, an evaluation of the key themes present within the overall literature is given. Due to a lack of literature surrounding evaluations of long-term or permanent care arrangements, some studies in this review were based on foster carer experiences as opposed to long-term care arrangements. These were chosen as they highlighted important systemic themes linked to experiences of caregivers in general. These are still relevant as many Home for Life parents initially begin caring for children as foster carers until orders are actioned and they obtain legal guardianship in addition to the birth parents (Department of Child Youth and Family, 2010)

Thematic Evaluations of Care Arrangements

Caregiver and Child Experiences of Permanent Care: Outcomes for Children and Families

Throughout the literature, six main areas relating to child and caregiver experiences associated with caregiving were identified. The following sections outline the key findings within each topic. Across the selected articles, these areas included

1. *The need for ongoing governmental support: access to services and its association with positive placement outcomes*
    a. *The Adoption Support Fund framework*
2. *A need for adequate training*
3. *Lack of communication surrounding a child's background*
4. *The impact of contact with birth families*
5. *Desire to be valued by social services*
6. *A child's need to belong and maintain relationships*

The need for ongoing governmental support: access to services and its association with positive placement outcomes

Several studies have explored the support needs of caregivers and children (Hudson & Levasseur, 2002; O'Neill 2004; Murray, Tarren-Sweeney, & France, 2011). Further studies also explored the connection between the provision of caregiver support and placement outcomes (Chang & Liles, 2007; Farmer, Lipscombe, & Moyers, 2005; Houston & Kramer 2008).

Hudson and Levasseur (2002) designed a questionnaire for caregivers to examine the kinds of support they required. The results were pooled into three categories; the most frequently identified was emotional support, also tied into themes of a need for respect, recognition, and acknowledgement. One respondent explained that "support means when stress levels are high, being able to call someone and share areas of concern without being seen as not being able to cope" (Hudson & Levasseur, 2002, p. 860). Having someone dependable who could provide assurance to caregivers was important. The second, reported by 70% of respondents, was a need for additional financial assistance to adequately support children in their care. Crisis assistance was the third type of support, identified by 92% of carers as important. Carers stated they needed someone who they could call to give direction on how to handle a situation (Hudson & Levasseur, 2002).

Analogous to the previous study, Murray et al (2011) explored the perceived support needs of foster carers. The highest need identified was for provision of additional training and support for caregivers to be better able to respond and manage children's complex behaviours and mental health difficulties. Increased support for managing contact visits and interactions with birth parents and dealing with the legal system was also identified. The findings also highlighted a mismatch between the support and training available to carers and the demands of caring for children with complex-needs Murray, Tarren-Sweeney, & France, 2011).

Involving caregivers in the decision making process has also been identified as a protective factor against placement disruptions (Crampton et al., 2011; Sheldon, 2004).

The importance of increased support was also identified in a study by Farmer, Lipscombe and Moyers (2005), who researched the impact of carer strain on child outcomes. This study showed that issues with social worker responsiveness and changes in social workers were connected to elevated caregiver strain. Caregivers under strain had a diminished ability to respond sensitively to children at their emotional age (as opposed to chronological), and were also more likely to dislike the young people they were caring for. Caregiver strain was also linked to higher disruption rates. Lower levels of strain were reported when caregivers were supported by friends and non-social service professionals (for example a doctor or counsellor) (Farmer et al., 2005). This study drew attention to the importance of social workers maintaining regular contact and supporting both caregivers and children. This study concluded that improvements in social service support must include improving the standard of service-provided social workers, as attentive social work reduces strain.

Houston and Kramer (2008) assessed the degree to which agency and non-agency supports affected the stability and well-being of families who were new to adopting. They did this by examining the relationship between satisfaction with the support parents received, the degree of contact parents received, and permanence. Newly adoptive parents were asked to rate satisfaction levels and talk about their experiences with agency and non-agency supports. Where parents displayed satisfaction with contact levels and support pre-and post-adoption, there was an association with a desire to adopt again, a positive family environment and no placement disruptions. Positive outcomes such as stability and lower levels of family conflict were associated with families who reported a higher degree of formal agency support (Houston & Kramer, 2008).

Chang and Liles (2007) undertook a three year study of children adopted from public care and interviewed 130 whānau caregivers to explore factors associated with disrupted placements. Findings of the study showed that the nature of support, the level to which service plans were considered and the frequency of contact between social workers and caregivers prior to placements were variables that predicted positive placement outcomes. Additionally, caregivers who experienced placement disruptions reported having less contact with social workers and fewer experiences where case services plans had been discussed with social workers. Chang and Liles (2007) also suggest that a higher level of support should be offered to caregivers unrelated to children, due to the fact that stability of care is influenced by prior connection between themselves and the child.

Rolock, Pérez, White, and Fong (2018) also highlighted the importance of family support services, stating that guardianship families may require extended support, both prior to and after legal permanence is achieved. It was concluded that despite the majority of families reporting stability post-guardianship, it should not be assumed that the sole act of achieving legal permanence correlates to positive well-being for children who have previously been in the care system. They suggest that systems need to focus on ensuring support services and long-term connections are in place, as they are important for families who are at a greater risk for experiencing post-permanency adjustment difficulties.

Studies including perspectives of children on the provision of support highlight how important it is to have a consistent social worker (Atwool 2010; Strolin-Goltzman, Kollar, & Trinkle, 2010). O'Neill (2004) drew from interviews with children that they felt most supported when they were listened to, showed empathy, people took interest in their problems, when they were guided with practical strategies for being able to explain their family circumstances to reduce bullying, and quality time was spent with them. A lack of

continuity and stability of social workers was asserted as prolonging the legal process towards permanence and leading to a lack of trust (Strolin-Goltzman et al., 2010).

This literature highlights the importance of providing caregivers and children with support that meets their evolving needs. In cases of severe abuse and neglect, or where there are more challenging behaviours, increased levels of support might mitigate placement disruption. Increasing the level of support to caregivers may include developing case plans which incorporate specialist services and relevant caregiver trainings. Increasing the frequency of ongoing discussions between social workers and caregivers regarding these case plans is also important. Allowing caregivers the autonomy and freedom to access the specialist services as needed would be an additional way to support and empower these families raising children. Providing specific social worker or governmental support that is solely for caregivers may also be beneficial for caregivers and their families.

The Adoption Support Fund Framework

The Adoption Support Fund in England offers a useful framework which provides therapeutic support for children and families under adoption and permanent care, whist allowing families the autonomy to access support and select which providers they prefer. The Adoption Support Fund was established to address the needs of families who have previously struggled to access therapeutic support following the process of adoption (Department for Education, 2018). This Fund was also made available to children living in Special Guardianship care arrangements. Families residing in England can access the fund for children from other countries once the placement has been confirmed. It allows a straightforward process for families to access the services they require for children in the future. The local authority completes an assessment to identify which therapeutic services funded by the Adoption Support Fund would benefit a family. The local authority will apply

for the Fund on behalf of a family, which will then be released to the local authority and used to fund the providers of therapeutic services. To ensure fair access, the fund is capped each financial year at £5,000 per child for therapy and has an additional allocation of £2,500 per child where specialist assessments are required. Matched funding by the local authority is necessary for therapeutic services and assessments required above this allocation and up to a limit of £30,000. This funding is accessible until the age of 21. Social workers discuss with families about which providers they prefer for the types of services they require (Department for Education, 2018).

Therapeutic services included in the Adoption Support Fund have been selected to help children achieve a variety of positive outcomes. These include improvement in relationships, behaviour management, learning engagement, emotional regulation and confidence levels. To work towards these positive outcomes, there are an extensive range of therapeutic services available including but not limited to: Eye Movement Desensitisation and Reprocessing Therapy (EMDR), Sensory Integration Therapy, Sensory Attachment Therapy, a multitude of therapeutic parenting skills courses, Creative therapies, Multi Systemic Therapy, Dyadic Developmental Psychotherapy, Non-Violent Resistance (NVR), Multi Systemic Therapy, and life story work alongside therapeutic intervention (to help cope with trauma arising from story work) (First4Adoption, 2020). In-depth specialist assessments carried out by a qualified clinician are also available, from this a family and their child will be provided with a therapeutic support plan (First4Adoption, 2020). The local authority that placed a child with a family will reassess their therapeutic support needs after three years. Following this, the local authority closest to where a family lives will be responsible for reassessing support needs. The adoption support fund offers a useful framework for providing support to families where families are provided with the resources to have their needs met. New Zealand may benefit from implementing a similar model.

A report undertaken by Gieve, Hahne and King, (2019) presented the findings from a continuation of the longitudinal survey of adopters who accessed the Adoption Support Fund. This follow up of the initial evaluation of the Adoption Support Fund sought to answer the following research questions; "What are the longer-term effects of receiving support through the ASF?", "What is the experience of the families accessing adoption support in the longer term?" and "What are families' perceptions of their future support needs?" (Gieve et al., 2019, p. 7). In terms of displaying the long-term effects of receiving the ASF, the research observed statistically significant improvements between Wave 1 and 3 of the longitudinal survey pertaining to parent and child wellbeing and overall family functioning. Improvements in the behaviour and mental health of adopted children were shown, including a reduction in the predicted prevalence of psychiatric disorders and a minimal decrease in behaviours of aggression. The wellbeing and functioning of families also improved due to ASF support, in particular, improvements in parental understanding of the needs of children and parental confidence levels in caring for children. Regarding the experiences of families accessing adoption support fund, the majority of respondents reported they were satisfied with the process of accessing the ASF (73%). The majority also believed the support they had received was of benefit to themselves, their children and family unit. High levels of satisfaction were reported in the following areas relating to support services: the location (82%), overall number of sessions (83%), frequency (86%), duration of appointments (91%) and type of support (83%) (Gieve et al., 2019). Despite predominantly positive responses surrounding the benefits of the ASF and the long-term improvements in outcomes shown since it was implemented, respondents also reported that they were facing high levels of difficulty in their families. Family perceptions of future needs and suggestions for changes to the ASF included increasing finances to allow greater levels of support to be accessed, expanding the types of support offered and more integration with education services. Overall

the ASF has been shown to improve the lives of adopted children and their families through statistically significant changes in measures of impact outlined above, the 84% proportion of parents who reported that the ASF was helpful for their child and the overarching view from both families and professionals that the ASF made a difference in meeting the complex needs of children and their families through providing the appropriate therapies (Gieve et al., 2019).

A need for adequate training

Existing literature emphasises the enormity for a child of transitioning from one family to another and what this could mean for building relationships in a new family. These children often come from homes where they were helpless in their ability to prevent abuse and neglect, as well as in their subsequent placements (O'Neill, 2004). The role of caregiving can be both rewarding and satisfying, however due to the history of abuse and neglect children have come from, often there is a significant burden that comes alongside providing this type of care (Farmer, Moyers, & Lipscombe, 2004; Nutt, 2006; Sinclair, Gibbs, & Wilson, 2004). Prospective caregivers require additional support in being educated on the long-term effects of previous abuse and neglect, which are often understated, yet significant, in terms of impacting a child's ability to process basic information (O'Neill, 2004).

Caregivers need to have the skills to manage the complex behaviours and nature of children who have been involved with the care system (Nutt, 2006) Often placement breakdowns occur due to a culmination of stressful events. Caregivers get to the point where they are unable to manage difficult behaviours and the negative impact caring for a child has on the family as whole (Sinclair et al., 2004). To foster placement stability, caregivers require adequate support, particularly for children who have attachment and trauma-related difficulties, where the development of long-term attachments is critical (Murray, Tarren-Sweeney, & France, 2011). It has been shown that structured and longer-term training

courses which allow caregivers to practice skills in child management, have the strongest evidence for success (O'Neill, 2006). Caregivers have felt out overwhelmed and of their depth when children have been placed in their care without adequate training prior to placement (Nutt, 2006). These challenges are similar across many different contexts, therefore it is important that caregivers have the capacity and resources to best manage both emotional and behavioural difficulties. These findings reinforce the importance of the provision of adequate training for caregivers, which may provide a buffer against placement breakdowns and the deterioration of a child's emotional wellbeing.

Lack of communication surrounding a child's background

Current research suggests that it is common for caregivers to begin their journey with little information regarding what the children coming into their care are like, and minimal information on what to expect in terms of the specific challenges they may experience (Stott, 2006). Caregivers need to be valued enough to be trusted with important information as they "rarely have the luxury of a coherent and sustained narrative about the child" (Stott, 2006, pp. 42). Often new caregivers "must work hard to get to know the child, to create a bearable story with the traumatic fragments they have and with the emotional distress they see before them" (Stott, 2006, pp. 42 A study undertaken by Gilbertson and Barber (2003) found that Australian caregivers looking after children with severe behavioural difficulties felt they had insufficient pre-placement preparation. Caregivers spoke of having their questions ignored, of being lied to and of feeling that key information was deliberately withheld from them or altered to ensure a child would be accepted into a placement. One specific example that illustrated this lack of communication was where a caregiver was only told that a child had behavioural difficulties and a history of placements break downs. The caregivers were assaulted by the child and experienced extreme violent outbursts and property damage.

Caregivers felt angry at their ignorance of a child's history, as it compromised their ability to provide child-sensitive care, tailored to specific needs. This lack of communication and relaying of important information prior to a placement may be contributing to placement breakdowns as caregivers end up feeling isolated and dissatisfied (Gilbertson & Barber, 2003).

The impact of contact with birth families

Prior to the 1989 Children Act, contact with birth family members was given minimal consideration by social services with little practical support available to support these visits. Since then, there has been an attitude shift where emphasis has been placed on the importance of maintaining contact with birth parents in hope of providing continuity for children in care (Moyers, 2005). This shift has resulted in increased contact between children in care and birth families. The literature suggests that caregivers experience stress and significant challenges surrounding birth parent contact (Farmer et al., 2004; Kirton, Beecham and Ogilvie, 2006; Nutt, 2006; O'Neill, 2004; Sinclair et al., 2004; Wilson et al., 2000). There is an underlying perception that "birth parents hold the power and the rights, whilst they, the carers, have the responsibilities" (Nutt, 2006, p. 60). Caregivers have also raised concerns over the preference that social services display toward the needs of birth parents, despite the harm they may have caused their own children, and the disruptive effects of visits (Sinclair et al., 2004). Caregivers may feel both emotionally and physically threatened by birth parents, who in some cases may attempt to turn the children against them. Caregivers may also feel conflicted if they observe this contact is not serving the best interests of the child (Sinclair et al., 2004).

Macaskill (2002) undertook a study looking at a small sample of adoptive and permanent foster care placements. They found that contact with birth families frequently brought up intense negative emotions and had an impact on the child, caregivers, and birth

parents. In one out of seven cases, contact with birth parents had resulted in a placement disruption or had caused placement instability O'Neill (2004) also showed that despite a child's desire to maintain contact with their birth family, they might still experience anxiety relating to visits due to fear that contact would undermine their relationship with their permanent parents, and that birth parents would display behaviour which would embarrass or upset them. Whilst contact with birth parents has been a contentious issue for some time, numerous studies are now showing that birth family contact for children in care is a complex phenomenon which must be re-evaluated in order to be managed well (Moyers, 2005).

Desire to be valued by social services

Due to the complex nature of caring for children who have been taken from their birth families, caregivers are often in communication with different professionals and agencies. Many caregivers have stated that they have struggled working with professionals, and have felt ostracised by social care departments. Caregivers who know closely the needs of these children often lack autonomy in relation to social services (Nutt, 2006). Caregiver opinions are not always viewed as equal when it comes to making decisions as part of a care team, with few involved in making decisions which have an impact on the child in their care (Maclay et al., 2006).When social services fail to respond adequately to the needs of the children in their care, caregivers are left feeling powerless and angry. Caregivers feel undervalued by the system when their input has been dismissed or their emotional load has been minimised. Across the literature themes of feeling exploited, undervalued, taken for granted, struggling to be heard, being ill-informed and not being offered adequate support are consistent (Golding et al., 2006; Maclay et al., 2006; Nutt, 2006; Sinclair et al., 2004).

A child's need to belong and maintain long-term relationships

There is a consensus that stability of care promotes positive outcomes for children (Atwool 2010; Jones, 2011; Palacios et al., 2019; Rubin et al, 2012; Tarren-Sweeney, 2008a). Therapeutic recovery for children in out-of-home-care often occurs in through the development of caring and trusting relationships with caregivers (Tarren-Sweeney, 2008a). Children illustrate this desire to belong: "we need stability, if we do not feel as though we belong anywhere and cannot establish roots then our growth and development will be stunted" (Watts, Kumar, Nicholson & Kumar, 2006, p. 19). O'Neill (2004) explored how children experience alternative family care. Findings were drawn from a qualitative action research PhD project on support in permanent placements which involved semi-structured interviews and conversations with permanent caregivers, the children placed with them, biological children, permanent care workers, therapists and teachers. One key theme showed that children have a strong desire belong in their new families. This study also highlighted that maintaining relationships with birth families was important to children, despite feelings of embarrassment, anger and sadness that may arise with contact. Having adult role models such as teachers who can listen and provide support long-term was also found to be important to children. However was stated that it is vital these adult figures have a positive attitude towards permanent parents and do not attempt to split the child away from them. Social services assessing caregivers' levels of attachment to children and their quality of relationships with children in their care prior to a permanent placement was suggested as a way to increase the probability of stable placements (O'Neill, 2004).

New Zealand Perspectives of Home for Life

Few researchers have explored the experiences of long-term caregivers in New Zealand. An evaluation of HFL was commissioned by Oranga Tamariki through the Ministry

of Social Development eighteen months after the introduction of Home for Life (CSRE, 2012).

The evaluation team were asked to examine the evidence in the literature for the policy, which elements of the policy were functioning successfully (including short term safety and stability measures), the barriers to children achieving a Home for Life and which aspects needed to be addressed. Interviews were conducted with 61 participants in person and via video conference. They were undertaken predominantly with CYF staff including managers, supervisors, social workers, one national office advisor and practice leaders. NGO Home for Life support providers, a Fostering Kids representative, and a Grandparents Raising Grandchildren representative were also interviewed. Family Court Judges provided minimal feedback on Home for Life. Out of the eight caregivers interviewed for this national study, non-whānau caregivers were under-represented with two non-whānau, and six whānau caregivers making up the sample. As this survey is the largest and most comprehensive study of Home for Life caregivers in New Zealand to date, its findings will be explored here in further detail.

Overall the respondents in this evaluation of Home for Life were in agreement that HFL provides a permanent stable environment. Whilst findings suggested that Home for Life provides stable short-term care, it was outlined that its effect on the rates of permanent care are not yet clear. The literature review undertaken for this evaluation confirmed that elements in the HFL policy create barriers to securing permanent care (legal costs, financial strain, loss of agency mediation role and difficulties communicating with parents over contact). The findings for this evaluation will be reviewed in terms of the aspects of HFL which are functioning well and those that need to be addressed.

Provision of support services

One way that HFL addresses barriers to permanent care is through financial aid. This has been implemented through the removal of caregiver legal costs, which arise when applying for Family Court orders. The HFL policy has outlined that if in the best interests of a child or young person, when a birth parent or guardian applies to have COCA or CYPFA orders amended, financial assistance will continue for Home for life caregivers. These can cost from $1,000 to $1,500, which many caregivers deemed an unaffordable expense without additional support. In this report CYF solicitors stated that this support should be capped at a certain amount as it is a potential liability for CYFS. Additional support that HFL caregivers receive after legal orders are granted include a lump sum payment of $2500. The policy itself indicates that this amount is to be used in accordance with each child's individual needs. Mixed reviews were reported from caregivers, CYF and NGO interviewees regarding the purpose of this payment. Seven caregivers were appreciative of this payment with one stating how they planned to use it, however one non-whānau caregiver stated: "We would prefer to ask for help if a need is there and if we can't meet it rather than the lump sum- it's not enough" (CSRE, 2012, p. 12). On the other hand, a CYF solicitor believed that providing this payment was a counterproductive incentive, contrary to the long-term welfare of a child.

The overarching view of caregivers and NGO staff interviewed showed support towards the lump sum payment. However debate as to whether the payment was necessary, beneficial and purposeful were also brought forward by caregivers and CYF staff. This highlighted a need for increased understanding surrounding the purpose and values associated with this payment. Seven out of eight caregivers interviewed were connected with non-governmental organisation (NGO) support, with the remaining caregiver intending to reach out to CYF for further support. NGO social workers for families were considered knowledgeable and helpful by caregivers. Their support was valued in regard to providing

space to discuss legal concerns, attachment problems and making contact with birthparents. Two caregivers were transitioned into HFL by NGO support workers who provided pre- and post-HFL support services. The majority of caregivers were content with the level of contact, which was stated to involve three phone calls a month and a home visit every six months. One wished more support was provided after COCA orders were made due to concern of harassment from their child's family with gang affiliations. The report stated that caregivers had concerns regarding the support cut off period after three years, in the instance that difficulties arise later on. This was addressed by the NGO agency managers who stated that upon review, further provision of support services would be given and prioritised for families who have higher needs. It was stated that caregivers and social workers could benefit from further communication concerning the three-year review. Further, the Unsupported Child Benefit (UCB) was reported to be working well. This is provided by Work and Income, and is received in place of foster care payments when they have transitioned to Home for Life. Caregivers were reported to be pleased with the level of entitlements when applying for disability allowances.

Expanding beyond the participant group for this study, the review provided data to show that in 2012, 553 children were enrolled in the Home for Life Contact Centre out of 815 (who exited to Home for Life families between October 2010 and March 2012). This indicated that close to a third of Home for Life families were either declining this support, or missing out. It was shown that whānau caregivers were likely to receive less support compared to non-whānau caregivers, and were also more likely to be Māori. Reasons for lack of uptake were mixed, as some CYF staff interviewed were unclear about the way support was provided and implemented, specifically the point at which ongoing support was offered. Further it was reported by NGOs that some care discharge plans referenced resources that their agencies were unable to give. Following on from these points, the report stated that

managing caregivers' expectations was of concern. Out of the majority of sites interviewed, it was identified that the lower level of support uptake from Māori whānau in particular, was due to a unestablished or unformed relationships with NGO providers.

Ideological differences

This review highlighted challenges which affected successful implementation of this policy, one of these being ideological differences surrounding the intended purpose of Home for Life. It was acknowledged that different parties may possess divergent ideological positions, with respondents identifying that these pose a further challenge to securing a Home for Life. There were differing perspectives held by lawyers, caregivers and CYF staff. The first observed by some caregivers and lawyers interviewed was that Home for Life was largely compelled by a desire to decrease CYF spending. Contrarily, NGO Home for Life support providers and CYF staff stated that this policy was about "securing the child's sense of belonging and a normal life in part without further CYF intervention" (CSRE, 2012, p .7). Further, caregivers interviewed wanted to provide stability, security and a sense of normality for children. A shared comprehension regarding the purpose of Home for Life is important as vulnerable children need to be entitled to securing a Home for Life.

Caregivers, children and their varied needs and expectations

A barrier to successfully implementing this policy are the varied needs and expectations of caregivers. This report stated that Home for Life is not a 'one size fits all' policy as each child and family situation is unique, along with their values and expectations. In their study issues surrounding parental rights were highlighted. According to this report one in four Ministerial letters were written by non-whānau caregivers, these Home for Life parents were stated to be concerned with unmet expectations including parental rights, access to paid parental leave and entitlement to working for families. It was stated that some

interviewees had observed that non-whānau caregivers "can have unrealistic expectations about ongoing parental rights". It was also suggested in this report that these unrealistic expectations of what permanence entails may arise due to an "early promotion of rights akin to adoption". A CYF social worker stated that "caregivers from the adoption pool- they think they'll never have to deal with the biological parents" CSRE, 2012, p.7).

In regard to expectations of support provided under Home For Life, it was shown that whānau caregivers interviewed had lower expectations of support provided under Home for life when compared to non-whānau caregivers. CYF and NGO Home for Life providers also revealed that some whānau caregivers may "fare poorly" compared to non-whānau caregivers. Under-support was identified in the form of missing out on the Ways to Care training, which whānau caregivers are not required to complete. The report concluded that there needs to be action taken to increase awareness and responsiveness to the varied needs of both groups, ensuring equity of access to support for each caregiver group.

Expertise required for applying the Home for Life policy

Court processes, care arrangements and provision of financial supports can be complex to navigate and communicate. This report emphasised that having well informed social workers with specialist expertise is required. This is crucial as decisions are made based on each individual case. Social workers need to be able to clearly understand and explain each unique court process and case. Clear communication and keeping caregivers informed is crucial.

A need for more collaboration across providers (NGO's and CYFs) was highlighted. NGOs who were interviewed stated that more collaborative work with HFL families was required during the planning phase. It was also raised that there is a need for information

regarding the Home for Life process to be swiftly distributed between parties to keep everyone up to date, and to make necessary changes.

An ongoing theme across interviews (with those who are working in the field), is that there needs to be a shift surrounding discussions based on a child's entitlement to a Home for Life that comes from a "rules-based caregiver entitlement mindset". It was emphasised that social workers need to stay child-focused and not allow Home for Life rules to distract from focusing on what the child truly needs and the future of the child.

To address the need for expertise on Home for Life, it was stated that a few sites dedicated their most experienced staff to be Home for Life social workers. This meant some social workers took this on additionally to their general role. At other sites both the child's social worker and the caregiver's social worker worked together. Up to two sites had selected specific social workers to dedicate their time to preparing Home for Life placements. The CYF manager stated that "Overall the policy is good – we have no issues with it … we have taken on responsibility of having somebody specialise to ensure Home for Life is done well but we are not funded for this" (CSRE, 2012, p. 9). A significant proportion of CYF staff identified the need for an expert to consult with who could provide guidance to help resolve and manage concerns. The need for access to research findings on the importance of permanency to support social work practice was also identified.

Pressure to take on care of children under Home for Life policy

One aspect of Home for Life not working as successfully was the pressure caregivers felt to take on Home for Life. This felt pressure was due to CYF social workers informing caregivers of the possibility children may be removed from their care if they did not take on permanent care. CYF staff also stated that tight permanency timeframes created an additional pressure on caregivers, causing caregivers to make inadequately informed decisions. Concern

over taking on orders prematurely was shown by Family Court judges, expressing that this may lead to financial strain as the child grows older and may threaten a child's placement stability. In regard to birth parents, there was a need for additional time to accept Home for Life placements. There was consensus across interviewees regarding the main reasons contributing to this pressure toward permanency, these were: a high turnover in a child's social workers causing a disruption of relationships with children and caregivers, with the additional loss of the child's case history, social workers working in permanent care practice who lacked experience, the stress associated with making Home for Life work within a tight budget and the incremental design and implementation of the policy itself. It was not determined whether this pressure was also applicable to caregivers who went through the Ways to Care training beginning in 2010.

Clarification of aspects of the policy needed

This review stated that specific areas of the Home for Life policy required further clarification. The first area included how Wards of Court are not eligible for the $2500 lump sum when discharged, as they are unable to qualify without being under CYF custody. Further, out of six lawyers interviewed two were unclear surrounding what was specifically offered under Home for Life, as they were applying prior policies until they were informed otherwise.

The review demonstrated concern as to whether CYF solicitors are supporting the Home for Life policy. A CYF social worker stated that more needs to be done in regard to supporting and advocating for Home for Life, specifically by CYF lawyers. The degree of support solicitors show may affect the guidance they provide to social workers and communication with lawyers for child and caregivers. This section of the review concluded that creating a Home for Life communication plan would be a useful tool. This would outline

the intention of the policy and answers to important questions, specifically those pertaining to beliefs about the policy intent to hand over CYF financial obligations to caregivers.

Barriers yet to be resolved in achieving a Home for Life

There are still barriers identified by this report which are yet to be resolved. One barrier expressed by all groups interviewed included resistance to Home for Life by some judges and lawyers, who have expressed concern due to the lack of legal protection caregivers are offered under COCA orders, especially those who care for children with complex needs or children whose birth parents may threaten stability of the placement. The following statement from Family Court Judges illustrates resistance to the Home for Life order: "It was clear among judges that the Home for Life process, if it is implemented prematurely, is not in the ultimate interests of children, particularly children damaged by neglect or trauma" (CSRE, 2012, p. 12). This is of concern, as outlined in the introduction, the connection between placement instability and poor mental health outcomes has been strongly evidenced in the literature (Tarren-Sweeney, 2008b). Placement stability is also important for a child to develop a sense of relational permanence.

The perspective that Home for Life is a means to maintain CYF financial budgets was another barrier contributing to resistance toward Home for Life. It was reported by CYF staff that lawyers were advising Home for Life parents to evaluate the loss of ongoing financial support they may face if they went ahead with the process. CYF staff stated there was frustration that the intention of the policy and their efforts to prepare the placement were being undermined. The review stated that accessibility to research surrounding Home for Life and the benefits for children of stability and belonging, would be useful in discussions with caregivers and lawyers. The current study is a small-scale piece of research of potential utility in this regard. Caregiver perceptions and experiences of the Home for Life policy will be

outlined, providing a potential resource for both lawyers, and CYF staff to aid in discussions with caregivers.

Another barrier over half of CYF sites recounted was delays in Family Court hearings and in forwarding legal orders. Receipt of orders which took longer than anticipated were reported to affect uptake of caregiver supports such as the Unsupported Child's Benefit (UCB) and NGO Home for Life care support. Further CYF staff stated that delayed family court hearings had deterred some caregivers from continuing with the Home for Life process. There were also delays in receiving copies of final orders, which Work and Income require, essential for caregivers applying for and accessing the UCB and NGO Home for Life supports. CYF stated they are addressing this by extending board payments.

COCA orders not offering enough legal protection for children was another barrier identified by some interviewees. In regard to a sense of safety and stability from threats, they felt that for particular children, COCA orders would not offer significant enough legal protection. Specifically, where caregivers were expected to attend access visits that were out of their scope to manage, or that threatened their or the child's safety. Lawyers also observed that the COCA legislation is not set up to manage threats and ascertain how access visits should take place. A lack of accessibility for caregivers to services who could supervise access visits was also identified.

Overall this brief overview of the CSRE report outlined the aspects of Home for Life that are working and those that need to be addressed. Addressing the barriers to children achieving a Home for Life will be a complex process, requiring professionals with expertise in this field, in-depth knowledge of policy and further research concerning how Home for Life serves the interests of children and the families raising them. It is important that the degree of legal security provided, sense of stability and belonging Home for Life offers is explored further. The participant base for the review was predominantly comprised of

whānau caregivers. Therefore this report may not adequately reflect non-whānau caregivers perceptions and experiences of how Home for Life is working. Both non-whānau and whānau caregivers' experiences and perceptions of the Home for Life Policy will be further explored in the current study.

Chapter Three: Methodology and Methods

The study reported here represents an attempt to explore the perceptions and experiences of Home for Life parents using a phenomenologically based methodology. It aims to construct an understanding of Home for Life, grounded in the actual lived experiences of caregivers. The initial section of this chapter outlines the research question and research aims of this study. Following this, the Interpretative Phenomenological Analysis (IPA), the methodology selected for the study is explored and described in detail. Subsequently, this study method is outlined in detail. An explanation of the participants in the study is given, followed by sections outlining the procedure, data analysis, rigour and trustworthiness, and ethical considerations.

Research Questions

To what extent does Home for Life serve the interests of children and the families that are raising them through achieving the following outcomes for children: relational permanence, felt security, and healthy psychological development?

How well does the New Zealand Home For Life policy work as a system of care?

Rationale

The Home for Life parenting order sets out to provide a sense of security through provision of legal permanence and parental support. It is yet to be evaluated whether it serves children and families adequately in terms of fostering relational permanence, their wellbeing, development, and future life outcomes. The current system of care has little guidance from international research informing whether this parenting order is functioning well.

The Home for Life order was interpreted using the following 7-point framework guided by Tarren-Sweeney (2016), created to determine whether permanent orders are serving children's needs best:

1. Contestability: To what extent is the permanent order legally contestable?
2. Sole or shared guardianship/custody: Is legal guardianship wholly transferred to 'permanent' carers, or is guardianship shared with the state and/or the child's birth parents?
3. Road-testing requirement: Can children be placed with new guardians or adoptive parents with this order, or is it only available for children residing in existing stable foster or whānau placements, where the legal status of that existing placement is changed?
4. Whānau, non-whānau, or both: Can this order be used for both whānau and non-relative placements, or is it specific to one or the other?
5. Ongoing birth family contact: Does the order require, or allow for, or not allow for ongoing contact with birth parents and other kin?
6. Provision of therapeutic support: After the state transfers guardianship to the permanent carers, does the state accept that it has a continuing obligation to facilitate or fund psychosocial interventions for children and their caregivers?
7. Culture and ethnicity: Does the guardianship order include any specific features that promotes/protects children's cultural belonging and traditions?

Upon interpretation, four out of seven components revealed distinctive differences between the Home for Life order and other 'permanent' orders. These four aspects are outlined as follows:

1. The Home for Life order is legally contestable.

2. Legal guardianship is shared with the child's birth parents, as opposed to being wholly transferred to the 'permanent' carers under Home for Life.
3. The order is not finalised until the placement has been road-tested in existing stable placements, effectively preferencing existing foster and whānau care placements.
4. After guardianship is transferred from the Chief Executive to permanent carers, aside from an initial support package, there is no ongoing guaranteed provision of therapeutic support by the government. Home for Life parents have the ability to apply for further financial assistance from the Permanent Caregiver Support Service. However, the review process to receive support necessitates ongoing involvement with social workers where entitlements must be discussed and approved upon the basis that the criteria are met.

Each of these four aspects of the order set out to determine whether aspects of the policy work against the goal of acquiring relational permanence. Notably, the contestability of this order does not equate to legal permanence. As it can be legally challenged in the future it cannot be deemed permanent. The road-testing requirement does not directly work against relational permanence for children who successfully transition from foster care to permanence within their existing placements. However, this policy incurs an 'opportunity cost' for children who remain in out-of-home care who do not acquire permanence. This study provides the opportunity to evaluate Home for Life parents' experiences of the order to evaluate which aspects of the policy are successful and which aspects need to be addressed. Whilst Home for Life Parents legally consent to the terms of the Home for Life order, including provision of shared guardianship, it has not yet been explored whether they believe this is the correct way forward in terms of enhancing stability and relational permanence. This research is critical for understanding whether the design and implementation of this

order is beneficial or harmful for children. This study may provide practical benefits for informing social policy in New Zealand and internationally.

Aims

This research had two aims pertaining to caregiver perceptions of Home for Life and the outcomes it creates for children. The first aim was to explore the perceptions of Home for Life parents of children in New Zealand to determine how they experience the Home for Life policy and how it works as a system of care. Participants were Home for Life caregivers, interviewed and asked to reflect on their direct experiences of the policy. It was anticipated that interviews and subsequent analysis would provide important insights, and provide a voice for a group otherwise underrepresented in the literature. The second aim was to determine the extent to which Home for Life serves the interests of children and the families that are raising them through achieving the following outcomes for children: relational permanence, felt security, and healthy psychological development.

Due to the nature of the aims of this study, an understanding of caregiver perceptions was most effectively communicated through in-depth descriptions of personal experiences and perceptions. This became the premise for selecting a qualitative design. Additionally, as the study comprised a small sample size quantitative research was not viable. As understanding how well this scheme works in terms of serving the interests of children and families is an important social policy issue, it is anticipated that the current study will be a useful contribution to what we already know about these types of permanent care arrangements. It will also provide a useful foundation for future research on the Home for Life parenting order and permanent orders around the world. Additionally, it may also help to inform new policy development surrounding what makes permanent orders successful in terms of serving the interests of children and the families who raise them.

Selecting the Qualitative Methodology

Qualitative approaches to research use language as their raw data source, in order to explore, describe and interpret the participants' thoughts, feelings and behaviours (Barker, Pistrang, & Elliot, 2016). This approach to research is commonly inductive as opposed to deductive. Inductive research is where concepts and themes emerge from the data collected, where hypotheses and themes are then drawn from (bottom-up) (Bogdan & Biklen, 2007; Howitt, 2013). On the other hand deductive research is collecting data for the purpose of testing preconceived hypotheses based on prior research (top-down). The strength of this type of research is that it is a flexible method for hypothesis generation and exploratory research, as data collection is not limited by pre-existing hypotheses. Qualitative research also steers away from simplifications necessitated by quantification, where information is often expressed numerically. Instead of condensing data down into a concise or quantifiable form, it allows for complexities through rich, detailed descriptions of phenomena (Bogdan & Biklen, 2007). This is useful in terms of enabling complex aspects of people's experiences and perceptions to be analysed, with fewer limitations on the data form or underlying theoretical models compared to quantitative approaches. Qualitative research therefore allows the researcher to delve into research questions which would be difficult to quantify, as qualitative self-report methods provide more freedom for interviewees to respond uniquely to open-ended questions.

The current study was focused on capturing the complexity and nuance of each participant's individual life experiences, reflections and perceptions. In this regard, there were a number of potentially appropriate qualitative approaches that were each considered before arriving at the decision to undertake Interpretive Phenomenological Analysis (IPA). This process was essential to ensure that the final methodology selected was the most compatible with the study aims. The smaller scope of the Master's dissertation, time

constraints and limited existing literature meant that this study was necessarily exploratory and contained. Further, the relatively small sample size, and interest in the content rather than structure of participants' narratives meant that grounded theory and narrative analysis were not the right fit. The following section describes IPA and the degree to which it aligns with the aims of the current study.

Interpretative Phenomenological Analysis (IPA)

Interpretative Phenomenological Analysis, developed for use within psychology, seeks to examine how people make sense of their life experiences and their awareness surrounding these experiences (Smith, Larkin, & Flowers, 2009). It is underpinned by a phenomenological perspective, which understands that different people will perceive and experience the 'same' environment in profoundly different ways. How the world appears to each person depends on their location, context, perspective and mental orientation (e.g. emotions, desires thoughts, beliefs, expectations) (Willig, 2013). In phenomenological based research a participant's account of their experience becomes the phenomenon that the researcher engages with. IPA operates from the perspective that all people are inherently 'sense-making creatures', therefore accounts participants provide reflect their endeavours to comprehend their own experience (Smith et al., 2009). IPA aims to capture and richly describe the quality and texture of participants' unique life experiences, perspectives of phenomena and the meaning that these have, whilst also recognising that their personal experiences can never be directly accessed by the researcher. The researcher will attempt to "make sense of the participant trying to make sense of what is happening to them" also known as being engaged in a 'double hermeneutic' (Smith, 2009, p. 3). Therefore the analysis phase is solely an interpretation of the participant's experience.

The hermeneutic circle is the back and forth process between different sections of the text and the entirety of a participant's account. When understanding the data holistically the researcher needs to make sense of each sentence or piece, however, to understand these parts a holistic understanding is also required (Smith et al., 2009). A different type of hermeneutic circle occurs when the researcher engages in the back and forth process between their own preconceived ideas and their interpretations of the data, as they work to understand the participant's account (Willig, 2013). Informed by the hermeneutic phenomenologist, Heidegger, IPA recognises that interpretation of data cannot be without the influence of our presuppositions (Smith et al., 2009). Recognising this does not mean that the research will be biased (Willig, 2013). The researcher's preconceptions, beliefs, and values influence interpretation of data, however these presuppositions are subject to ongoing reflection and revision throughout the process of engaging with the data. It is critical that the researcher acknowledges their preconceptions whilst actively minimising their influence before each interview and throughout each phase of data analysis (Smith et al., 2009).

Compared to grounded theory, IPA allows for a more in-depth analysis of experiences in a smaller sample (Willig, 2001). IPA has an ideographic approach, meaning the researcher focuses on exploring in detail, each participant's individual experiences, where insights are produced through intensive engagement with the data and integrated in later phases of the research process. Due to IPA's commitment to the examination of detail in each case to reveal what underlies each of these experiences, an ideographic approach is likely to involve smaller sample sizes (Smith et al., 2009). This differs from a nomothetic approach which sets out to establish generalisations, rules or laws pertaining to a representative group of people (Howitt, 2013). In order to implement this process of interpretative engagement, a precise series of steps must be followed, so that themes can be identified and grouped into clusters of meaning within individual accounts, then across the entire data set (Willig, 2013).

A deep understanding of participants' experiences of particular phenomena relies on the collection of rich data. In IPA the importance of developing a good rapport with participants is emphasised, using semi-structured interviews to yield in-depth data whilst minimising researcher impact on participant accounts (Smith et al., 2009). During the interview process it is important questions are kept open-ended and non-directive to give space for participants to offer detailed and personal accounts regarding the phenomena of interest (Willig, 2013). IPA protocols guided the following method and data analysis procedures.

The Study Methods

Participant Recruitment

The participants in this study were recruited through Fostering Kids New Zealand (NZ). Fostering Kids NZ is the main nation-wide association for foster carers and Home for Life parents, providing encouragement, support and training to caregivers, and empowering them to provide homes that heal children and young people in their care. Their members include foster carers, whānau caregivers, respite caregivers and permanent Home for Life caregivers. The manager of Fostering Kids NZ approved advertising the study. A description of the study and researcher contact details were initially shared with Canterbury Home for Life caregiver members via Fostering Kids NZ's Facebook group. The study description also included the name of the private group participant page set up for the current study on Facebook (A study of caregivers' experiences of New Zealand's Home for Life policy). Potential participants requested to join this page so they could access to the information sheet and consent form. Caregivers from Christchurch who responded with interest via this page were contacted and recruited for the study first. The initial post in Fostering Kids NZ's Facebook caregiver community group resulted in the recruitment of the first two participants. Promotion of the study in the February 2020 Canterbury newsletter yielded a further

participant. Remaining participants were recruited via word of mouth from the initial participants.

Interviews

In line with IPA methodology guidelines, a semi-structured interviewing style was used, with the duration of each interview ranging between 60 and 90 minutes (Smith et al., 2009). In person interviews were prioritised to establish rapport and enable easier interpretation of body language/non-verbal cues. Participants were able to be interviewed as a couple, or could nominate one caregiver to take part in the study.

Seven participants were interviewed in Christchurch from their homes, and one participant outside of Christchurch was interviewed via Zoom video conferencing, switched part-way through to a phone call due to technical difficulties. Consent forms were signed either prior to or at the time of the interview, and included permission to record the interview for later transcription. As part of the information sheets provided prior to the interview, participants were supplied with names and details of who they could contact if they felt distressed by any topics covered during the interview. Participants were also offered a copy of the completed study if they wished. Six participants requested this.

Following IPA recommendations, the researcher began the interview with an introduction and rapport building phase. This meant allowing time prior to commencing the interview to chat and get to know parents better, for most interviews this was done whilst drinking some tea kindly offered by parents in their homes. Parents were given an outline of the interview and offered the chance to ask any questions they had about the study. This aspect of the interview encouraged participants to feel at ease, and made them aware of the key topics that would be covered. A semi-structured interview schedule was created to facilitate a comfortable interaction with participants, which allowed them to provide a

detailed account of their experiences and perceptions of the Home for Life scheme. The interview schedule consisted of three broad topics, with associated open ended questions under each topic heading. The order of scheduled topics and questions were flexible, allowing conversation to flow in a natural manner throughout the interview. The interview was guided to a certain extent by the participant, with open questions introduced from the schedule where appropriate. This allowed space for points of conversation and issues important to the participant to arise in an authentic manner (Smith et al., 2009). Under each topic area was a set of associated sub-topic questions and prompts that were brought up throughout the interview (See Appendix C). The topic areas were created to encourage a rich description of participant experiences, and included:

- Topic 1: History and Experience of Caregiving
- Topic 2: Caregiver Understanding of Home for Life and Journey to Home for Life
- Topic 3: Caregiver Experience and Perception of Home for Life

The initial question commencing the interview was "I'm interested to know how you became HFL parents, can you tell me about your family background and children?" This gave the opportunity for participants to recount a descriptive experience at the beginning, encouraging them to open up and feel more comfortable talking (Smith et al., 2009).

The interview was recorded, which allowed for an uninterrupted flow of dialogue between the participant and researcher. As advised by Smith et al. (2009), to help minimise and "bracket off" personal preconceptions during the interview, the researcher actively tried to focus attention on what participants were saying. At the end of the interview participants were thanked and given a voucher as partial compensation for their time. A thought record was also kept after each interview to track reflections about how each interview went, and what thoughts it prompted in relation to this study topic. The researcher transcribed all the

interviews, which allowed greater familiarisation with the data. The data were analysed as outlined in the section below.

Data Analysis Procedure

To ensure all data were explored extensively and consistently a series of analytical steps were used to guide the researcher (Smith et al., 2009). However, these steps were used flexibly, as part of an iterative process of ongoing description and engagement with the transcript. The heuristic framework outlined by Smith et al. (2009) is adaptable, intended as a guide to provide new researchers with the right processes and strategies to confidently make their way through the somewhat multi-directional analysis process. The first three steps of analysis were followed for each individual transcript prior to moving on to the next one. All analysis was completed electronically using NVivo and Microsoft Word software.

Step One: Familiarisation with the data: Re-reading and Initial Noting

The initial stage of analysis in IPA is the most in-depth and time consuming, as it involves becoming immersed in the data through reading and re-reading. During this stage the researcher listened to the recordings for each interview and transcribed the data. It was important to try minimise the influence of themes which emerged from the first case before analysing consecutive ones (Smith et al., 2009). To facilitate this, a notebook was kept to jot down initial observations after reviewing transcripts for the first time. Following this the aim was to produce comprehensive and detailed reflections and responses to the data (Smith et al., 2009). Initial ideas were noted down on Microsoft Word in the right hand margins of the transcripts and particularly meaningful or salient sections or phrases were highlighted. Smith et al. (2009) recommend using exploratory commentary at the stage of initial noting, including descriptive comments (which capture the context of the participant's experience), linguistic comments (which focus on exploring the significance of specific language used by

the participant) and conceptual comments (which often take an 'interrogative form' as they question the data to produce initial interpretations, also tentatively identifying more abstract concepts that may aid the researcher in making sense of the participant's account). Each form of exploratory commentary was considered throughout this stage of analysis.

Step 2: Developing Emergent Themes

During this stage exploratory notes were revisited to identify emergent themes in the data. Some sections of exploratory notes were revised throughout this process where further elaboration was required. Themes were then derived from the exploratory notes that had been taken. Each emergent theme identified was written as a concise phrase which captured the essence and reflected understanding of a section in the original transcript and the associated exploratory notes. It was important to capture what was crucial in the immediate parts of the text, however it is key to note that this interpretation could not be without influence from the entire text. These themes were noted in the left-hand margin of the transcript opposite the exploratory comments. These themes were also coded as 'nodes' in NVivo, which are containers for coding that represent emergent themes, topics and concepts. This was done systematically across the entire data set. This allowed all material to be collated in the same place so that it could be revisited and used to search for connections across emergent themes in the next phase of analysis. Despite actively attempting to acknowledge preconceptions and "bracket off" their influence throughout this stage of analysis, it must be acknowledged that the themes not only reflect the participants' original accounts, but also the researcher's interpretation.

Step 3: Searching for Connections Across Emergent Themes

NVivo was an important tool used to integrate and search for connections across cases and emergent themes. At each node (emergent theme), the number of sources (participant transcripts) and references (how many times the same theme was identified) were visible, increasing with each piece of new content coded into the same node. As 'nodes' were coded, node hierarchies also became an important part of the analytical process to find connections across emergent themes. This was where 'parent' nodes (reflective of categories, similar concepts or connections between themes) were created, aiding in clustering theme titles to give rise to superordinate themes. A new title was given to represent this cluster of themes in the 'parent' node. Each emergent theme coded into a parent node was called a 'child' node (sub-nodes or sub-category themes). In node properties, there was also a description field which provided a place to add additional information about each node, or any emergent patterns.

Step 4: Integrating the Cases and Creating a Summary Table of Themes

Once all transcripts had been coded into nodes, a codebook was exported into a Microsoft Word document. A codebook is a master summary table of emergent thematic nodes, their descriptions and numerical information on the amount of sources and references per theme. It also displayed the theme clusters under 'parent' nodes. This allowed for an integration of themes from all participants, reflecting their combined experience.

Step 5: Defining and Naming Themes

Super-ordinate and sub-ordinate themes selected for inclusion in the final results section were chosen on the basis of their resonance within the data and the extent to which they captured the essence of the dataset. They were also selected based on the frequency they

appeared across participant transcripts and how many times a node had been coded for the same theme. This ensured themes were consistent across the dataset, reflecting similar threads of experience between participants. Final themes selected from the codebook were grouped and regrouped into different clusters until a final draft of super-ordinate themes had been created. Titles were also refined over time, to provide clearer names and definitions for each theme. In a new document, supporting quotes from participant transcripts which gave rise to each theme, were copied underneath each superordinate and subordinate theme identified. Sub-ordinate themes were placed under the super-ordinate themes deemed most relevant. Throughout the writing of the results chapter, the format of themes was reworked until the thematic structure accurately captured the researcher's interpretation of the data. Relevant and compelling extracts that captured the essence of each theme were selected and expanded upon.

Ethical considerations

Ethical approval to commence this study was provided by the Human Ethics Committee at the University of Canterbury (HEC 2019/129: see Appendix E). A variety of ethical concerns were considered for this research project. It was made clear in the information sheet and consent form that participation was voluntary. It was important that participants had autonomy being involved in the study. Participants were informed that they did not have to answer specific questions and that they were able to withdraw without providing a reason up to two weeks following the interview. Further, it was stated that information provided in the interview would be deleted and withheld from the study if participants chose to withdraw. It was made clear that children were not to be present at the time of the interview. This was to ensure the study was low risk, and to ensure the privacy and protection of the children.

This study engaged with the Māori consultation process, which entailed submitting an application outlining how the study would take participants' cultural needs into account if and when applicable. Data from the Ministry of Social Development (2017) outlining out of home placements by primary ethnic group, has displayed consistently that the highest proportion of children and young people in out of home placements (from June 2013 to June 2017) are Māori. Therefore through uncovering limitations of the current Home for Life permanent care model, this study may provide practical benefits for informing social policy in New Zealand. This means the outcomes of this research project may have implications for Māori. The Ngāi Tahu Consultation and Engagement Group provided a letter confirming that no further issues were identified and further consultation with Māori was not required and requested a summary of findings upon completion (See Appendix D).

To ensure the anonymity and privacy of participants, identifiable details were not used in any section of this thesis. Names of the participants' children were also omitted. Pseudonyms were not used as participants and those who read this thesis may be able to identify particular accounts in the results chapter. The best way to mitigate this was to use phrases such as 'they elaborated', 'child', 'one caregiver spoke about' and 'another caregiver stated'. Prior to the interview it was outlined in the information sheet that participants may experience some distress whilst describing and reflecting on their experiences of caring for children under Home for Life. To minimise potential distress during the interview, interview topics and questions were sensitively written, participants also did not have to answer any questions they did not wish to. Additionally, as outlined in the information sheet provided, participants were offered appropriate support services if they experienced distress. The primary supervisor, Professor Michael Tarren-Sweeney, was also available to provide support or discuss alternatives if participants wished to seek support elsewhere.

Chapter Four: Results

A small group of eight participants were recruited for the study in accordance with the requirements of IPA. The participants included 1 whānau caregiver and 7 non-whānau (non-relative) Home for Life parents. This study looked at the sample as a whole during the interpretation and analysis phases. No distinctions were drawn between whānau and non-whānau caregivers' perceptions and experiences of Home for Life

Description of participant characteristics

In order to protect the anonymity of the recruited participants, the group is profiled as a whole, rather than on a participant by participant basis. Seven of the eight participants were females. One male participated in the study. The number of years Home for Life parents had cared for the child/children in permanent care or going under permanent care was approximately 1-18 years. For three parents it was their first-time taking children under their care. Seven of the participants were non-relative Home for Life parents, and one was a whānau carer. Seven Home for Life parents were living with a partner at the time of interviews. Three were previously foster carers for children not going under permanent orders. Four had their own biological children and four Home for Life parents did not have biological children at the time of interviewing. There were four different ethnicities of children identified under the care of Home for Life parents. Seven out of eight Home for Life parents responded to the follow up demographic questionnaire and identified as New Zealand European.

Due to this study being qualitative with a small sample size, gender does not influence the analysis as there are no conclusions specifically drawn from male or female experiences of Home for Life. Analysis of the data collected from the semi-structured interviews yielded 9 superordinate themes. Subthemes were identified within four of the superordinate themes.

Themes are discussed as they pertain or are relevant to specific elements of the Home for Life (HFL) policy.

Summary of Results Chapter

Superordinate Themes and Subthemes

HFL element: shared guardianship between birth parents and Home for Life parents

1. Guardianship decision-making – rights and abilities
    a. Home for Life parents' desire for more decision-making rights
    b. Questioning whether birth parents are fit to make guardianship decisions
1. The challenges of birth parent contact: re-traumatisation and dysregulation of children surrounding access visits

HFL element: a permanent placement with a permanent caregiver

Barriers to permanent care:

2. Lack of legal security under Home for Life
3. Desire for greater permanence and stability

HFL element: ongoing ministry support and financial assistance

Systemic problems that compromise the success of placements:

5. No continuity of staff: an overworked & understaffed system
    a. High turnover of social workers prior to Home for Life impacts quality of support and processing of orders
6. Feeling unsupported: the need for proactive and preventative approach
    a. Implications of governmental abrogation of moral responsibility to maintain sufficient developmental and clinical services for society's most vulnerable children
    b. The need for adequate trauma informed training and support

HFL element: The experience of being a Home for Life parent to children who cannot be cared for by their families:

7. Lack of status: not informed of child's history, trauma and personal information
8. The toll of caring for high needs children
9. **'**The care we provide' - in spite of the challenges and systemic failures
    a. Home for Life parents' love, commitment and care towards caring for children despite challenges with the Home for life arrangement
    b. Home for Life parents providing sense of family and belonging

Each of the 9 superordinate themes and sub-themes are described in detail in this chapter. Multiple quotations from participant interviews are included to illustrate each theme and to allow Home for Life parents' voices to be represented. As the experiences of Home for Life parents are multifaceted, all themes are interconnected and should be read and considered holistically.

HFL element: shared guardianship between birth parents and Home for Life parents

Theme 1: Guardianship decision-making – rights and abilities

The theme of challenging current guardianship decision-making rights and abilities was evident across all participant accounts. Home for Life parents voiced their concerns about the Home for Life legal process, the contradictory COCA legislation and their need for more decision-making rights. Due to the complexity of Home for Life parents' experiences, all themes are interconnected. A significant overlap between themes surrounding these reflections was evident throughout the participant transcripts. Their experiences of the Home for Life legal process are described below.

One Home for Life parent described the dissonance they felt regarding Home for Life parents' duty to share guardianship with birth parents who have been identified as being unfit to care for a child:

> *"If the birth parents were cognizant enough to make good guardianship decisions, then it's highly likely that they'd be able to keep the kids themselves and parent themselves and so if the level for kids being removed is met, because it's such a high threshold in New Zealand. Yes, but it's also good from our point of view that we know that the ministry and everyone has actually tried quite hard. So that there's no second guessing or anything like that because the bar is high, we've got a very good certainty that this is the best option for the children and so that gives us a lot of confidence and calmness around it. So that test has been met. That means that basically, by definition, the birth parents are not good at making guardianship decisions. So under the normal, Home for Life process, health, education, wellbeing, overseas travel, appearance and religion are shared guardianship."*

Another believed Home for Life parents should have full autonomy in making decisions concerning the child, through sanction of automatic special guardianship:

> *"So I actually think I actually really believe that special guardianship with schooling and health should just be an automatic thing for Home for Life parents, they're crucial, they're crucial decision, decision making. Areas that just should be, it should just be an automatic for Home for Life families they should have total responsibility for that. You're not, you're not putting a child into a Home for Life family, for them to have to go back to, you know, it just, does not make sense."*

Further, Home for Life parents wished to make decisions independently of others, through attaining sole guardianship rights. This was revealed through Home for Life parents' discussions surrounding applying for Special Guardianship orders as opposed to the default COCA orders.

The following Home for Life parent decided to apply for special guardianship as the order is non-contestable and allows parents to have exclusive decision making rights:

"We kind of got to the point when we had this discussion with [Social Worker], we knew we had to go for special guardianship which meant we had exclusive decision making rights…..
It's better for us under special guardianship… In special guardianship they cannot take you back to court."

Another Home for Life parent talked about how necessary Special Guardianship orders were, as they enabled them to made decisions surrounding giving haircuts or taking children on holiday:

"Because if you don't have that, you're still in a situation where you can't cut their hair. Okay. You can't you know, you can't do anything. Yeah. You have to go and refer to the parents. Well, most of the time, the parents don't want to know in any case, so you can't do this. So you need those, special orders, need the guardianship orders. When we went [location] at Christmas, this is a good example actually. If we didn't have special guardianship, we couldn't have taken [child] with us. Because we couldn't have taken her out of [location], because most of these kids are [location] bound. So every time you want to leave [location], you've got to ask permission."

One parent talked about the how they would feel if Special Guardianship orders did not go through, as the children would be under Home for Life's default COCA order:

"So if we were under COCA I will be feeling quite nervous and I am nervous about the court case we've got pending for [child] because we want to go under special guardianship, if we don't get that granted and we're under COCA, oh my goodness I'd be very concerned"

These abstracts from interviews with Home for Life parents show that parents wish to make decisions independently of others under a non-contestable order, something that Home for Life COCA orders do not permit. As not all Home for Life parents qualify for Special Guardianship orders, many struggle with the default COCA order, desiring more decision-making rights and abilities. This leads into the next subtheme.

(a) Home for Life parents desire for more decision-making rights

Home for Life parents experienced distress due to their inability to make decisions for their child in the way that regular families do. Consensus across interviews revealed that parents wished to be able to make important and everyday decisions concerning the child/children they are raising:

> *"I think if you are responsible or deemed responsible to raise this child, that's not your own, you should be deemed responsible to make the best decisions for that child. I think there should be some restrictions. But I don't think the general decisions around education, travel and medical should be something that's left up for discussion with the biological family. Yeah, I think they should be informed, definitely. And if they have an issue, then they could bring that issue up with whoever is the overruling."*

Another parent challenged having joint decision making rights with birth parents. They spoke about the confusion that can come from this arrangement. They believed that while birth parents should have a role in a child's life, they should not be able to make joint decisions concerning the child:

> *"I understand from a birth parent perspective it is incredibly hard to understand why do I have to consult with them and why do we have to make this decision together when they're parenting them? You know, there's gotta be a better way to say you can see your child, you can play with your child, but you don't make those decisions anymore. I think New Zealand, we need to figure that out."*

Reinforcing the desire for more decision making rights, one parent drew a comparison to adoption overseas and the rights new parents are afforded:

> *"..if we were in the UK or the US, and this child was deemed foster to adopt, there would be a point in time where those biological parents would be 'no, I'm sorry, you have no more rights, that's it, you can still see your child, you just don't have those rights."*

Across the majority of interviews parents expressed their struggle with being the parent caring for the child, yet not being entrusted with the responsibility to make important decisions. A joint feeling of powerlessness underpinned the following accounts in this section:

> *"It was horrible, yeah, you feel like you are out of control, like you've got no control on your own life, looking after the child, making the right decisions for a child. They've given us the authority to make the right decisions for the child but they then don't listen to us about those. And I get that some families may be really obstructive about not wanting to have anything to do with the biological family but that's not our intention, our intention is to look after [child] and make sure that he's protected and that things are actually easy for him not hard."*

One parent spoke of reconsidering Home for Life due to the lack of autonomy surrounding decision making:

> *"Yeah, we kind of re-thought Home for Life. Because from what we understood about it, it was like we raised the kid but the parents had all the say. That's kind of the general consensus that's out there in the public anyway."*

Further, lack of choice surrounding these important decisions left another parent feeling punished:

> *"I think the normal one under COCA actually doesn't give the caregivers much rights. So you're doing the day to day parenting, but you don't have the privilege of making those parenting decisions. And I am not a big fan of the Home for Life, which is why we pulled out so many years ago. Because it felt like our rights were being removed. Like we were being punished, and we hadn't done anything wrong….We were being punished I think because our choices will be taken away. Yeah, that we had to share, share choices with people that hadn't made the right decisions. Now, I would never strip a child from their biological family. So I felt like I was being punished in the fact that some of my rights were being removed even though I would have been open to maintaining contact, visitation. I just wanted the rights to be able to give them a haircut you know if I chose to. If I thought that a school was going to be better suited to him, I wanted to be able to make that decision. I feel like the Home*

for Life creates a lot of going head to head. Whereas caregivers are having to go head to head with biological family over decisions that should be the right of the person that is parenting."

Having a close knowledge of their child's needs relating to their diagnoses of autism and ADHD, and understanding what may be in their best interests, yet not being heard left one Home for Life parent feeling dismayed:

"Horrible, absolutely horrible. We're doing the service. We're doing the hard work. We're doing the hard yards, yet we're not being listened to. In fact even before, up until this strangling thing happened at school, all lawyers were pushing for us to commence visits with [mother] ASAP, weren't taking into account our request for the start of the school holidays. I think they just thought that was just us being obstructive, but it was us being, taking- you know protecting [child] for his mental health. And it wasn't until that situation happened and I said, this is exactly why we want to try and not make too much change and have it at a time when we can actually manage any dysregulation because this is what happens. We don't want this kid to be expelled from school. We don't want him to not have friends."

They illustrated further a situation which left Home for Life parents feeling powerless:

"My understanding is that if a child in Home for Life dies then the biological parents can step in and remove the child and have a funeral because the home for life orders are null and void because the child has passed away…. There was a situation in my work where a child had passed away and the biological family took the child back to their iwi [location] and so the Home for Life family never got to say their goodbyes and the impact was huge. So one of the siblings tried to commit suicide. The parents have had huge relationship issues and yeah it's just not okay."

Home for Life parents who have taken on caring for these children develop a close understanding of their needs. As Home for Life parents' narratives highlight, they open their homes to these children to provide them with a sense of family whilst also understanding the importance of their connection to birth parents. They wished to be able to have more decision making rights concerning both day-to-day and larger decisions, without the struggle of reaching a consensus over medical care, appearance, education, health, travel or faith.

(b). Questioning whether birth parents are fit to make guardianship decisions

All Home for Life parents grappled with feeling capable of looking after children in their care yet having to consult and request permission from the child's birth parents. Despite this, Home for Life parents did not discount the importance of retaining connectedness with a child's birth family. Some expressed their desire for children to maintain connection with their families, while wishing for sole, rather than joint responsibility to make key decisions.

For most Home for Life parents, questioning a birth parent's ability to make important decisions was usually connected to the reasons children were removed from their families initially:

> *"Everyone we talk to who's interested in this, when they hear that you have to involve them in decisions they go, but why? They mistreated the kids and that's the number one thing that I think everyone struggles to comprehend that why, when these kids were so neglected or abused and therefore removed, why do those parents still have rights?"*

Another Home for Life parent spoke to the struggles many birth parents experience themselves, acknowledging the fact that having their child removed from care is on its own a traumatic experience. They question why the order is set up to engage with birth parents for whom communication and decision making is not straightforward:

> *"For the Ministry to come along and take their child into care and remove the child from them is definitely going to be quite a traumatic experience for anyone. But if you're lacking some of those reasoning skills to be able to come to terms with it, and then to sort of, then engage with the new parents and things, that's always going to be a challenge and that's where you're always going to be set up to fail and that's one of the biggest issues with this entire process and it comes down to that fundamental, what are we trying to achieve here? And [child's] birth mother she's definitely, unfortunately an amazing example of this. She's still combating the fact that well you took my baby."*

Further, another Home for Life parent suggests that in attempt to have the best of both worlds through retaining joint consultation between birth parents and Home for Life parents, this order is, a practical sense unworkable. While experiencing the difficulty in liaising with birth parents, they do not discount the importance of a child maintaining their connection to family and their background. They acknowledge that it would be equally as harmful if children did not know who their parents are:

> *"This is where the legislature by committee, were all these compromises have been made, means that it's actually not workable and this is not saying that I don't want the birth parents to be involved, because I do, these children need to know their roots and they need to know who their birth parents are. We don't want the terrible trauma that happened from the 50s and we also don't want the children to imagine this mythical birth parent who, because I don't know them, must be amazing and so now I'm a teenager, and I'm going to rebel against you because you're not my real parents, I'll go to my imagined parents, and that would be equally traumatic in the long-term for them but it's just a functional point of view."*

Overall Home for Life parents challenged the workability of the current Home for Life Scheme, elaborating on the difficulties of sharing guardianship rights. Their concerns surrounded their inability to make decisions independently.

Theme 2: The challenges of birth parent contact: re-traumatisation and dysregulation of children surrounding access visits

Five Home for Life parents spoke about the challenges they faced surrounding access visits with birth parents. Access visits involve court ordered visitation between noncustodial parents and their children. All Home for Life parents shared struggles with the dysregulation and re-traumatisation of children surrounding these visits. They spoke about the negative impact this had on them and the children in their care.

One Home for Life Parent described the challenges of accommodating birth parent access needs. They spoke about the consequences they faced surrounding the visits:

> *"I've just always.. if [the birth mother] rings, if she messages me and says, 'Can I see the kids?' we've always bent over backwards to make sure it happens. I think there's been twice where I've said 'ohh one of them is sick can we change the weekend or they've actually got something on that weekend - can we? Can we change it?' But other than that they've always…but then [child] used to wreck the car. I used to have to put kiddy locks on, he just pulled the inside of my car, trashed it and he got too big. I couldn't manhandle him into the car, and buckle him in and he didn't want to go."*

The couple interviewed spoke about the effect fortnightly access had on the boy in their care. They described the dissociation he experienced at access and around the time of access:

> *"We'd call it the thousand-yard stare because he wouldn't be there, he'll hear me saying [his name] and then he'd be completely disassociated for ages and so at the time the children were having access with their birth mother fortnightly...*
> *...For two hours and it was brutal because [child] would freak out the moment that he saw her and one time we were in the botanic gardens because we thought 'okay, the playground there, nice wide open space, you've got plenty of things to do and it's not like being boxed up into a house or anything' and his birth mother said something to him that was out of our earshot and he just froze and sat there for a good half hour. Basically unblinking, gone, staring straight ahead…*
> *... Yeah, completely dissociative, a bomb could have gone off beside him and he would not have moved. He was completely dissociative. It was yeah, one of those moments that you thought woah, there's obviously such a traumatic episode that had happened with her that he doesn't know how to process it."*

Further, they went on to describe the disruption birth parent access caused in both their child's life and their work life:

> *"So we bonded really well with [child] and so he'd always come to me with these, these nightmares, and come to me for a lot of support around these access times. So it got to the point that I was booking domestic leave, using my sick leave, a couple of weeks in advance for the day after each access, and my boss is going 'why are you*

doing that? That's not normal'. I can tell you, here's what's going on, I know that he's gonna have 14 to 20 nightmares that night, I'm going to get no sleep because just as I'm getting to sleep, he'll wake up again and that's not sustainable and so yeah, we went back to the court."

Another parent described the impact fortnightly access visits had on the child in their care and the cycle of dysfunction this caused. They described fighting for a change in this arrangement:

"So the point that we got the children they were having fortnightly access. When [child] was displaying such enormous issues after access we took it back to the social workers who took it to the lawyer and got taken down to monthly and at that point the judge said monthly that's fine they signed that off against their mother's wishes but the judge did recognise, at that point we were aiming for Home for Life but there was a long way to go in terms of developing that relationship with their birth mother. So then it went to monthly and monthly was still relatively traumatic and that he was having such enormous nightmares and not functioning for a week afterwards. So you have access on a Thursday, the following Thursday you'd be back to normal you'd have three weeks where he could grow and develop and go to kindy and all those sort of things before you have another week where you couldn't leave the house.

Another parent talked about the pressure that dysregulation from access visits placed on the family. They felt overwhelmed and questioned the current arrangement:

"Yeah I just think that there has to be a better way of doing that. Because it doesn't, it's not helping a child if they're that dysregulated when they come back from a visit, or whatever and the other thing is that's just more pressure on the family, on the Home for Life family. And you know, in some circumstances where you've got a child, that's got behavioural stuff, you're already under stress, you're already under pressure. And, you know, depending if both parents work, you know, I work for [job title] so I've got a pretty high pressure job because I work with families directly and I think you know, that and childhood disabilities or you know, behavioural stuff, plus this other layer? It's just like, there's just, that's too much. It's too much."

Another parent questioned whether maintaining access visits with was in the best interests of the child:

"Yeah, the child's got to be the centre of the decision making but I just wonder sometimes, how much of that is actually being taken into account when they do come back dysregulated."

The dysregulation of children and the significant impact this has on these families is both concerning and harmful. The impact of birth parent visits is not currently assessed prior to setting up an access arrangement. The current arrangement is not working for these Home for Life parents and the children in their care.

HFL element: a permanent placement with a permanent caregiver

Barriers to permanent care:

Theme 3: Lack of legal security under Home for Life

Across all interviews a feeling of insecurity surrounding the permanency of Home for Life placements emerged. Home for Life parents spoke to the fact that there was only a two-year window of security for these children as biological parents could apply to dissolve the order if they were able to have children back in their care:

"Home for two years, is what it should be called. It's essentially on a two year provisional basis, every two years because there's that capacity for the birth parent to be able to do that, it means that it can only be home for two years and then ooohh it's anniversary time, right, so the birth parents didn't submit something to court, cool, we're good to plan for another two years and there are a lot of families in New Zealand that live on the two year cycle."

This was also confirmed by other Home for Life parents:

"Well yeah the thing I would add is if you have orders under COCA, every two years biological family can take you back to court and try and regain custody."

One Home for Life parent spoke about the nature of Home for Life, in terms of how permanent they believed children felt, through a comparison to adoption. This feeling of impermanency potentially undermines them and their children's 'felt security':

"I know that every two years it comes up for review. And the parents can fight that at any point. I think I've heard of one or two children that have gone back to their biological family after a reasonable amount of time. Yeah, but most kids end up staying with their Home for Life family, just because they've been with them for so long, then, you know, time has a factor but I think that can be a bit rough. It's never going to feel like it's 100% permanent I suppose things like, you know, if we adopted [child] she would be able to have our last name she can't now so the three of us father, son and myself will have the same last name., but [child] has a completely different last name."

Another Home for Life parent elaborated on how returning to birth parents after being nurtured by a Home for Life family may affect a child. They questioned the intention behind the order:

"And it's really interesting. I do have sympathy for the birth parents, and I can understand their thought process of wanting to get the kids back and things but it really comes down to the philosophical, what are we trying to achieve here? And it's really cruel on kids and cruel on Home for Life parents that you love these kids, you nurture them, you go through all this crap with them and then, and you've done the hard yards from this traumatised little bubba, to the kid being in their teens and growing up beautifully and then when the kids in their teens the birth parent takes them to court and gets the kid and so you've got this HFL family who've got this amazing loss. You've got the kid who doesn't necessarily want to move and then you've got this birth mother who's possibly able to parent? Possibly not. I, I don't know. But once it's happened, there's so much trauma and it's another move."

The couple interviewed felt this lack of legal security and support surrounding the Home for Life placement. They gave insight into the fear the child in their care experienced surrounding the insecurity of the placement:

"…to be honest, I feel that there is not enough legal support and security around the custody guardianship of any child under COCA. Because ours are under special guardianship, I have no issues with their, you know, that it's not going to change and she would never get it granted…

....And I've had [child] in tears asking me you know, 'am I going to stay here? Is naughty mummy, can naughty mummy gonna take me back?' Because at accesses she's said that to him and he freaks out because he does not want to go back to with naughty mommy. We've never called her naughty mommy and try so hard to discourage him calling her that, but it's like 'naughty mommy owie me'. How can you…you can't argue with that."

They spoke to the effects of felt insecurity and disruption the child in the care experienced:

"And that's not fair on them. It's not fair on the kids because if they're old enough to understand that, that's quite disruptive…
…. Oh that's devastating. Yeah. Because kids can only learn when they're secure and if they're not secure, then they're stuffed. They're stuffed."

Another Home for Life parent described the low level of security they felt Home for Life offered. They believed that without special guardianship Home for Life was not worthwhile:

"It doesn't actually offer them any security. You know, if you only have orders, and you don't have special guardianship, yeah. Then you have no security at all. Absolutely none. So, you know, it's a waste of time. If you don't get the guardianship stuff, you may as well not even go for the first lot. And that was told to the lawyer. That's what the lawyer said to me. [HFL mother],.. We need to do it this way. Because if we don't, we're going to be screwed. Yeah. Okay. And he's, he's quite into family law. He works for OT and everything. So yeah, he's got a rough idea. You know, just it's really important that they get it right. But they don't!"

Lack of legal security and 'felt' permanency seemed to translate into 'felt insecurity' for Home for Life parents, which in turn was said to have an impact on a child, as illustrated by the following parent:

"The nervousness of it is that there's such an insecure feeling for people that aren't whānau carers, that things can change at the drop of a hat, I think what makes me nervous is it's not a locked down system, it's not a locked down you know exactly where you stand if that child's been in your care for six months and you've been offered Home for Life, regardless of what happens with the biological parents, that's

your child. At any stage, things can change, you can be taken back to court, at any stage you could be fighting for your child, that creates no security. And the amount of people that must put off, and the amount of children that are placed in substandard placements, scares me. Because it is ultimately the child that suffers if parents aren't feeling secure."

The following extract from another Home for Life parent demonstrated a shift that occurred in the relationship between a child and their Home for Life parent when orders had gone through:

"Yeah, absolutely. [Child] settled right down. He was thirteen so he was a brat in any case at thirteen, but there was allowed to be.... There was more humour, he relaxed. Example: When I, because he's got huge feet, they are size 13 feet and still growing. And when we went to court I said to him, 'I'm gonna send you a message if this goes through, I'll be allowed to cut your toes off and no one'll be able to do anything about it.' So that's what I sent him. I said '[child] I can cut your toes off now'. And I got a 'COOL' with a smiley face, he knew. And you know, there was more humour because if I'd said that before, the social worker would have been up in arms. Because you can't joke like that. But in normal families you joke like that."

Although on the surface this parent's comments might arouse considerable concern, within the trusting relationship developed in the Home for Life family, this was understood as an 'in-family' joke. This speaks to the way that boundaries are crossed in out-of-home care, where families experience an unnatural level of intrusion by the state. Overall Home for Life parents wished for legal security, as feelings of impermanency impacted both the felt security of parents and children.

Theme 4: Desire for increased permanence and stability

The desire for more permanence and stability was identified by all participants. Some of the following accounts illustrate the process of taking legal action to apply for additional legal rights, driven by a lack of felt permanency and stability. Gaining special guardianship was important to the following parent as it allows them to make decisions in the best interests

of the child in their care. They felt nervous about going under the default Home for Life COCA act:

> "*So if we were under COCA I will be feeling quite nervous and I am nervous about the court case we've got pending for [child] because we want to go under special guardianship, if we don't get that granted and we're under COCA, oh my goodness I'd be very concerned."*

One Home for Life parent wanted to ensure the children in their care would feel stable in their home. They made the decision to apply for special guardianship:

> *"Well, we just wanted something permanent so that we knew that the kids weren't going to be moved really. Hopefully, like we might get turned down. Obviously that's a judge's decision. So we might get turned down but we're applying for special guardianship. And we are probably going to go on to the Oranga Tamariki Act. Ah, because we'd like to get some extra additional guardianship stuff sorted.*

Further, this Home for Life parent described applying for special guardianship to have more decision making rights. This was to provide a sense of normalcy and autonomy to the family to make decisions in the best interests of the child:

> *"So we made that decision pretty quickly that special guardianship, we need to have exclusive decision making rights. We have enough of a relationship to say to her, 'hey, we're actually going overseas for six weeks, will fit your access in before and after or whatever'. We have enough of that relationship. We don't have a relationship and she doesn't have the cognitive ability, her IQ is below what would be considered intelligent to actually have made these decisions together. So we then went to court for [child] first and only having a birth mother there was only one person to serve. So that was pretty much, we walked in and out of court in half an hour."*

The same Home for Life parent described the sense of stability that provision of special guardianship would provide for the child in their care:

> *"So it gives us the day to day parenting rights, but it gives him the orders, gives him the right to still have interaction with his parents however that had been removed for us through the court because of some safety reasons. We're going to look at starting*

that back up again but it also just gives him the protectiveness of not being removed, like that stability."

The following extract from one Home for Life parent's interview highlighted dissatisfaction with and distrust of social workers, which in turn prompted a move to permanency:

"It could be it's just a matter of time before we get one that we really clash with or one that decides I'm going to move the kids, so we thought we needed to make something permanent."

This parent's motivation for permanency is concerning, this response may point to deeper systemic issues. Overall Home for Life parents desired a permanent situation for children to offer them stability, protecting them from another move.

HFL element: ongoing Ministry support and financial assistance

Systemic problems that compromise the success of placements:

The following theme in this section derived from conversations with parent's highlights systemic issues and reflections of a system in crisis. This broken system is both concerning and harmful in terms of the impact it has on children in care. Cynicism towards Home for Life and why it was created was also expressed by parents in the following sections.

Theme 5: No continuity of staff: an overworked and understaffed system

a. High turnover of social workers prior to Home for Life impacts quality of support and processing of orders

A reported high turnover of social workers compromising the success of placements was a consistent narrative shared by participants. This finding is concerning as lack of continuity does not allow for relationship building between children and social workers, which is key for successful placements, and to understand the needs of families and their children.

Across interviews it was revealed that the interface between Home for Life parents and Oranga Tamariki is unsatisfactory and wanting. The couple interviewed illustrated how a high turnover of social workers disrupted the success of the placement. A lack of relationship building meant that decisions could not always be made in the best interests of their child:

> *"There are a lot of things that count against us and one of them is the turnover in social workers that OT suffers, that the number of different social workers we've had and the kids have had….*
> *… And [child] when he was in care so he had, I think so he was officially OT, in OT's custody for just over two years and that's basically 22 social workers, which is absurd. There is no way in this space anyone could get to know a child well enough to be able to make any decision in their best interest and it was only because some of them he'd only had for a couple of days you know, they'd ring and say 'hi it's the new social worker, I need to come out and visit him'. Okay, that's cool and then three days later you get another phone call, 'well actually we've changed case loads again' [laughs] we're like ahh cool great, so another social worker good, it's just ridiculous but it is what it is. It's one of those jobs that's got a high turnover."*

Further one Home for Life parent experienced being visited by misinformed and ill-prepared social workers:

> *"Yeah yeah, it just showed me that she hadn't read, she had no idea about the people that she'd just gone to visit to, to check up on or whatever they've you know. She hadn't read anything or looked any files or anything."*

They expressed their exasperation with this experience. A lack of understanding of their children and situation translated to an inability to address the children's needs:

> *"It was really mind boggling. Not surprising. But just we're not, like if they can't be bothered to read the cases read up on who they going to see... What's the point? It's just a trip around the place for them and a cup of tea and a biscuit. A day out of the office, but they're not actually doing [pause] any work… you can't see if anything's a problem for the kids, or if you don't even know which kids are...[laughs]"*

This lack of continuity also proved challenging for the couple interviewed as it resulted in delays in the processing of orders. The following extract/excerpt reflects both the discrepancy between their appreciation of social workers and the work they do, and their frustration with experiencing a high turnover of overworked staff:

> *"Yeah so that was a real challenge because and while orders were getting written and things the social workers would change and so then off it goes to the back burner and a new person has to read up and try and take it on and so I think that's, the two biggest issues with the entire process is the fact that the legislature and the shared guardianship is basically set up to fail as I explained before about and the changeover in social workers with OT and just how overworked they are. The social workers that we've had, every one has been trying to do brilliant work and succeeding in a lot of cases. Awesome people, but I just feel so sorry for them because each one is so horrendously overworked that they can't do what they want to do and I think that's just quite cruel on the actual social workers who are trying to do their best but just can't."*

Many of these experiences highlight a system in crisis, unable to provide children with the due time and support they need:

> *"They haven't been able to put the work in that the kids are entitled to and that's the hardest thing."*

A need for greater investment in children through adequate relationship building and communication was evident across all accounts. It became clear that the current foster care system was not working for these families, as it diminished the time and investment put into these children who were transitioning onto Home for Life orders.

Theme 6: Feeling unsupported: the need for proactive and preventative approach

The initial Home for Life support system did not retain therapeutic services once orders were in place. This Permanent Caregiver Support Service (PCSS) introduced in 2016 changed this system, however there are still aspects parents struggle with

Across all participant accounts emerged a consistent need for greater family and mental health support. From these parents' narratives the need for proactive and preventative approach was evident. A sense of 'battling' or 'fighting' to receive the required support services was consistent across participants. Their responses suggest that a different approach in the provision of specialised support services may help to mitigate this lack of support.

Parents spoke about their experiences with delays in support and the impact this had. The delay between requiring support and provision of support concerned one Home for Life parent, as they felt their child would miss out on important teacher aiding during the process. They questioned the way New Zealand approaches these services:

> *"I think at a later date if it's not in your plan, you can prove that it's come through some kind of background issue, you can retrospectively apply for funding can be revised. Sometimes I think the proving of that and receiving the funding are too far apart. I don't want to be needing a teacher aide when he's in year five and battling it for two years, so he doesn't get it till year seven. We can afford a certain amount of teacher aiding and I know that they will give him a certain amount of teacher aiding. However, if it's over and above what we can afford and what they offer, I don't want him missing out. I think that needs to be stripped back and addressed. Like you're raising the next generation of children surely that's better for New Zealand to do it in a quality way than a number crunching way."*

Home for Life parents questioned the 'ambulance at the bottom of the cliff' approach. They suggested there was no preventative early intervention, rather support was only provided when the situation became dire:

> *"But again, some things like that are not seen as important and unless the child's literally derailing- it's a very reactive approach rather than being proactive. Yeah, so like they were willing to fund some therapy once the wheels are falling off, but not in the early days when they probably could have, were in a better space and could have benefited from it and perhaps avoided the wheels falling off in the first place."*

Home for Life parents desired a more straightforward process of acquiring support services. One desired a system where Home for Life parents could have autonomy in accessing additional support services, as opposed to money. They did not believe Home for Life parents should have to battle to prove support is in the best interests of their children:

> *"I would like if it's actually in the benefit of your child, and you can prove it's in the benefit of your child, that it's made available. I don't think you should have to battle out, I think they should have to prove that it's not needed more than you having to prove that it is, and I think that the child should be receiving that help while they try and prove that. It doesn't have to be money that goes in people's pockets is going to a teacher aide. So it's not like you're benefiting financially from that being offered to you. If you're offering me a service that's great, don't give me extra money. I don't think people should be offered extra money. I think that they should be offered extra support. So there's a big difference."*

The issue of waiting beyond critical time periods to receive support was consistent across the accounts of Home for Life parents. The following parent spoke to the difficulties they faced in accessing counselling and further support for the children in their care:

> *"I asked for counselling. I'm still waiting. Okay. And she's, left us. She's in a relationship with her own child now, but we're still waiting for her to go to counselling. But just general, anything with [child] again, they were to set up because he had malnutrition as a child. Yeah. So he has a lot of wasted muscles and things. . And now we're going to set up a thing for him to do with his muscles and things. Yeah, well, that's two years on. It still hasn't happened. So he's doing it himself through school. But you know, stuff that the kids need. You know, they need this. They need counselling. They need support. And so, you know, it's just really difficult."*

One Home for Life parent specifically wished for greater provision of mental health support services for children under Home for Life:

> *"So it's unfortunate that we, you know, we cannot get provisions for that, because that's probably one thing that I would really want for her to have is the provision for mental, like good mental health support. Not that the public system isn't good, but it's definitely overworked and understaffed."*

The pros and cons of limited social worker support were outlined by another Home for Life parent. Their family experienced significant strain when they struggled to manage their child's severe behaviours. They shared a concerning account of being dismissed at a crisis point when they were in great need of additional professional support services:

> *"On one hand, the lack of a social worker in your ear, lets you get on with it being successful, but then, on the other hand, a lack of some support is not successful. So like we've had issues and we've gone before the office moved to the WINZ office. We went there. My husband was suicidal and we went and asked for support with looking after the kids because a lot of…this it was a stress, what the kids were doing, what [child] was doing…*
> *…A social worker that we talked to she just… 'oh, just go and find some free help."*

Upon being asked what type of support this Home for Life parent required they answered:

> *"Respite care. Someone to come and look at the kids, you know, like look at the kids or, like psychologists."*

Despite being at a crisis point, there seemed to be a mismatch between the same family's experiences of the child's challenging behaviour and Oranga Tamariki's determination that might warrant provision of support:

> *"His issues or his behaviour. They didn't deem his behaviour bad enough but to us, him running around the lounge screaming running around on the furniture as a 12 year old boy, stealing cars and you know like it was that was significant in it was stressful."*

Another Home for Life parent talked about intentionally not selecting Home for Life as there would be a reduction in support:

> *"So when you take Home for Life, you actually cut off a lot of that support. Hence why I have another permanently placed child with me that I have never taken HFL for for that reason because his issues are so complex I need the extra support. Otherwise, you can't access it."*

This is an important message as it highlights a specific decision to not pursue Home for Life whilst caring for a high needs child.

Home for Life parents also spoke about making a 5-year plan with Permanent Caregiver Support Services (PCSS):

> *"When you write to OT they do a referral to pretty much any agency or Ministry of Health, or whatever you like. When you get special guardianship orders, you no longer have any involvement from OT, so it's up to you to find that support. We do have something called the Permanent Caregiver Support Service (PCSS), which is a phone line more or less that you can ring and they supply, when you submit your court orders, you submit a PCSS plan that they have to sign onto so in that plan, it's for the next five years, you have to put down what you think because they'd have the need so for example, for [child] we stuck swimming lessons funded by them in there because of his trauma related to water. We also stuck in there [child's] glasses because she had quite a severe squint, so funding for her glasses when she needed them. You know, I've even heard of people putting in things like, you know, paying for sports teams all this stuff, you put all that into your plan."*

One wished for more responsive support services:

> *"So Permanent Caregiver Support Services. Work with the previous organization was amazing. This new one is useless to be fair. I've been on the phone when the situation happened last year with him trying to strangle a child and I rang them in tears and just said you know, what are we doing? and yeah there was no talking, there's no support. Whereas the previous person that we had, she would she would talk about, she just did her job as a social worker she talked to me about, you know, the whole situation and she managed to calm me down and then she talked about some other interventions that we could have, we could look at doing and you know just amazing."*

Two spoke about the difference between the old providers and the new one, PCSS:

> *"The previous organisation that set up PCSS support services lost their contract last year and so there's a new company, new organisation so, yeah, their social workers are not, they're not skilled in this in this arena."*

One hoped for resolution of the 'teething issues' when they needed support:

> *"And I think PCSS have got new providers of that there seems to be some big teething problems. And so I'm hoping that by the time we get to needing to deal with them they will have sorted out the teething issues."*

The following Home for Life parent was unhappy with the unresponsiveness of the PCSS:

> *"You get a support system PCSS or something like that? Or open home foundation. Both absolutely bloody hopeless… Absolutely hopeless. The first girl. She got in trouble with the police. So I rang because I wasn't quite sure where our orders left us, you know, we had. And I said to it was PCSS or wherever it was. And I said," Look, I need just to understand what I have to do." You know, "who do I have to inform", you know, that sort of stuff. Oh your social worker's away for a fortnight. I said, "Well, can I speak to somebody else", you know, being really polite as I am normally. And they said, "Oh, no, I'm sorry they're all busy." I went, "right, I'll make the decisions" .. too bad. So I did and too bad. Yeah, you know, but you needed when you need support they're not there. They are a waste of time in fact, with child [name], the second child, I said I don't want them. I didn't want. It was open home foundation offered to us and I said no."*

> Previously having to plan far into the future in order to receive support services concerned *some Home for Life parents:*

> *"What can you expect a child of two is going to need until she's 18. And you've got no way to predict- like no one's got a crystal ball, we don't know what she's going to need. So yeah, that can be a bit tricky. But then again, we didn't know that we were going to get any money or any help at all, like before home for life and then we thought once we got custody of her, that was the end of the financial stuff, so it would have been paid for anyway. So we would have you know, she would have been doing gymnastics. Yeah, regardless of if they were going to give us money or not. So it's nice to have the money and like, we'll put as much in the plan as we can because it does mean there's a little bit more money in our like, you know, more money that we're not having to spend on something like that like two kids."*

One Home for Life parent spoke about the changes in this support service:

> *"Everyone just had to put everything in because if you didn't put it in there was a fear that you wouldn't get it down the track, whereas now it can be re-assessed down the track and they've actually come to a realization of, it's not doable, this is a one year old, how can we plan 17 years in advance?!"*

They spoke about the PCSS plan changing to be on a 5 year basis, with the option of asking for further support:

> *"Now with the PCSS you have to obviously predict kind of what you're gonna need for those five years. But beyond that it's not a guarantee but at least they will look at whether or not they will fund it. So it's less of a stress now that PCSS is there because you can always ask. They might say no but, you know, at least you can ask and they will do some work around what what they can do. Which is yeah, really good support to have there."*

Three Home for Life parents suggested changes that they would like to see. The first shared how they wished for emotionally responsive phone support from social workers. Having someone understanding at the end of the phone during a time of need was important to them:

> *"Well, I'd like to have some training on actually how to communicate and support families when they ring up and they need help. Because when, you know, for a parent who's in a heightened state, and at the end- not sure what to do, and you pick the phone up to get help and that person at the end doesn't do that or is flippant about it or just cuts the conversation short or just thinks just throw money at it. You know we'll pay for this or we'll give you some respite or whatever. That's not, it's not just what it's about. It's actually about having someone at the end that knows your story knows what's going on and can talk to you about it."*

Having a psychologist in each major area who could specialise in working with Home for Life children was suggested by another parent:

> *"There's a lot of children in Home for Life. A lot of children in foster care. Yeah, I think potentially, you could probably have enough children in each major sort of area that you could have one psychologist it was just working for Home for Life children."*

One Home for Life parent who had other children under Home for Life wished for a family sensitive approach. They spoke about wanting to have specific services tailored to the needs of children with attachment disorders:

"I would like to see, better access to services and more appropriate services rather than a one size fits all. And I'll give you an example – so even though technically I didn't take my boy Home for Life, but he's been with me for seven years, even the services that are available through CYFS, they don't meet his needs. We don't have services available in New Zealand that adequately meet the needs of children with attachment disorders, which most children in care have. And my boy has a disorganized attachment disorder, which I'm not sure whether you've studied that as part of your studies, but it is the most difficult."

There was a consensus surrounding a need for more support across all Home for Life parent accounts. Feelings of being unheard and unsupported underpinned all Home for Life parents experiences. These shared narratives of having to battle for support suggest that the current system is under great strain. It is clear that the provision of support under Home for Life is not sufficient in providing these Home for Life parents with what they need, specifically concerning family and mental health support.

a. Implications of governmental abrogation of moral responsibility to maintain sufficient developmental and clinical services for society's most vulnerable children

Home for Life parents are not always equipped for the complexity of caring for high needs children. As these children often come from backgrounds of trauma and neglect, there appears to be a mismatch between these families desire for additional support, and Oranga Tamariki's ability to cater to this need. The following narratives revealed that these parents are naturally overwhelmed and unable to access the therapeutic services that they require. They feel accused of having unreasonable expectations and of failing to do enough themselves to locate these services, which is used as evidence of having a lesser commitment than they would to their own biological children.

One Home for Life parent spoke about a concerning experience where they reached out for additional support for the children in their care who had been sexually abused. The following abstract illustrates deflection of this request from the social worker, disregarding

the fact that the child's developmental difficulties were caused by maltreatment in their parents' care:

> "*So that's what happened with the middle child, when you have taken a child legally under Home for Life, you are essentially considered the legal parents. So no joke, I was told when I needed help with this young girl, "well she's your child. Like, what would you do if it was your child?" I was like, well, if it was my child, I'd be seeking help, which is what I'm doing. But also, if it was my natural child, she actually wouldn't have all these issues because I wouldn't have abused her in the way that she was abused and over the time that I had them over the nine years actually, what came out was that they had been prolifically, sexually abused, like on a daily basis in the two years before I got them, so in the two years before I got them they'd been living with an aunty rather than with mum and dad. And at the Auntie's house, they had a male cousin, who was an adolescent at the time he used to rape them every single day of their life."*

This dismissal and deflection of the fact that these children had experienced trauma prior to being placed in a Home for Life, that might warrant additional support was concerning. They also spoke about their difficulty with accessing the support they needed:

> *"And so what I discovered through that process was that CYFS were extremely unhelpful and uninterested and their attitude was that, you know, I was to continue to parent them as if they were my own children and almost feel quite guilt tripping comments like, you know, 'well you wouldn't phone us if they were your natural children'. I'm not sure if you're aware but there are some services that you cannot access unless you have a referral through CYFS.*

They elaborated upon the double standard they felt applied to Home for Life parents, overwhelmed that they were unable to access therapeutic services that the child needed. They felt accused of having unreasonable expectations and of failing to do enough themselves to locate these services, which was used as evidence of having a lesser commitment to this child than they would have had to their own biological children. They talk about funding in terms

of money required to pay for psychologists or therapeutic services, as they would have had to pay for these services, or go without:

> "*Somebody like myself who wants to parent these children as if they're your own and give them all the opportunities you would give your own natural children, then the money's a slap in the face. And I would really object to being declined to get funding for you know, therapeutic intervention on the basis, that I've signed up to have them as my own. And it's like, well, yeah, but how many people who are parenting their natural children are funding weekly therapy for their child for years on end. I mean the reality is, they're not and it's a big expense."*

Another Home for Life parent spoke about the barriers to providing care for their Home for Life children. They believed the gap between the care they wished to provide and supporting children with the behaviours stemming from the trauma of being in the care system caused financial strain:

> *"So I'm not looking forward to writing the plan and I'm looking forward to battling that out and I do think financials when you're raising a child that's not your own biologically, should be removed as much as possible to enable those children to have a good life. As much as I consider him my son, I haven't put things into a system that could cause problems, I don't know what problems they could cause so to leave me afloat when I don't know the financial cost of that is quite stressful and I think it would prevent a lot of people moving forward with this."*

One parent also compared the gap between caring for a child who had been taken from their birth family and a biological child. They desired more support and acknowledgement surrounding the differences and what it takes to raise these children:

> *"Yeah it costs much more than we get from the Ministry and that's absolutely fine because you know if, we equate this a lot to if these kids have been ours biologically, you'd be paying for all that anyway. Yeah. So it's, you'd be mad to do it for the money. But that's philosophically not of course why we do it, what the money is for is the delta? between if the child had been yours biologically and the extra crap that you end up having to go through with the birth parents, the Ministry and all that sort of stuff. What I do feel like there is, there is room and I think I'm glad OT from what I*

understand and Fostering Kids are doing and investigating into, is does the board payment, which was set back in the 80s, actually cover the cost of raising a child?"

As all themes are interconnected, the following excerpt used in a previous section is also relevant to the current theme. This Home for Life parent felt it was problematic that Oranga Tamariki did not acknowledge that current issues may stem from past trauma:

"The challenges we still have is, ability to access services and just zero recognition from, from CYFS that you know, these kids might be having challenges because of their past..."

These parents suggest why children under Home for Life should be entitled to ongoing and easily accessible government-funded therapeutic services, without feeling they have to 'battle' for it. Despite a transfer of guardianship rights, the government continues to have a moral responsibility to support these children's developmental recovery, regardless of whether or not they are in state care. As the child's developmental difficulties were caused by maltreatment at the hands of previous parents and caregivers, and to a lesser extent by the effects of living in impermanent state care, it is therefore unjust and morally indefensible to expect that the cost of treating these developmental difficulties should lie entirely with their new legal guardians. The expectation that Home for Life families should care for Home for Life children without adequate rights and resources places undue pressure on these families. These accounts show that provision of funding for therapeutic support, and the way the current system (PCSS) is set up to provide therapeutic services, is not working for these families and their children.

b. The need for adequate trauma informed training and support

Four Home for Life parent gave details of the specific challenges they came across upon taking on a child under Home for Life. They expressed their dissatisfaction with the lack of trauma informed training they received prior to securing Home for Life orders and spoke to the nature of caring for children with backgrounds of trauma.

The couple interviewed considered the general caregiver training they received incomprehensive in addressing the day-to-day challenges of caring for a child with an attachment disorder:

> *".. that training was utterly useless, it was three days of annual leave completely wasted. Because we didn't learn a thing, it's quite logical that of course bonds will be broken when they go into care. But that three days could have been so effectively used to say, okay, here's how you deal with attachment disorders."*

They went on to describe their need for specialised training which would target specific issues:

> *"Yeah they don't even touch the fact that, you know they talk about your kid is going to have trauma and they're gonna have all these things with fetal alcohol, fetal meth. All these, you know, attachment disruption disorder all this stuff. But they don't actually say 'well hold on, here's how you parent those kids'."*

They felt that there were specific gaps pertaining to the challenges of parenting a traumatised child which needed to be addressed:

> *"You're literally handed a child and told here you go, go parent it. In nine months' time we'll look at doing some parenting orders and there's nothing to fill in those gaps of hold on a minute, this kid is severely traumatized. What do we do, you know?"*

They were left feeling at a loss when it came to feeling confident parenting a child who exhibited challenging behaviours as a result of trauma. They felt overwhelmed by the fact that they were about to take on caring for this child's sibling, whilst still struggling with these issues:

> *"Yeah and how do you deal with the fact that this kid is kicking and screaming and pushing himself away from you, but at the same time wanting you to comfort him and to bring him through whatever he's going through. But if you don't know what's caused it and how to do that, you're never going to effectively parent any child let alone one that's been through such horrendous abuse and neglect, all that attachment disruption, and then placed in your house and said 'here you go' and on top of that, you're now saying to us, well, hold on, you've got this pressure of his sister who has to*

move in with you, luckily [child] was six months old. So we met her when she was five months old."

Another Home for Life parent spoke about their desire to feel competent in parenting a child with behavioural difficulties. When they communicated to social workers that they had taken the initiative to sign up for a parenting course they were redirected to a specific parenting for trauma course. This Home for Life parent expressed disbelief and wished it had been offered as an option earlier:

"Yeah, I can't even remember what it was. Our son is a very easy-going kid. And so we've never come across any real behavioural stuff and so we both were totally in the dark about it. When I said to the social workers 'oh look we have enrolled in a parenting course, because we just don't know what we are doing and we want to do better'. And they went "Oh that won't really work. Because those courses aren't designed for children, with trauma and parenting children with trauma is different to parenting children that don't have trauma. Here is a parenting for trauma course." They signed us up for and it started the next week. And it was like, why has it taken you so long to sign us up?"

This Home for Life parent felt comforted in knowing that other parents were having the same experiences as them. They described the reality of caring for a child with a trauma background and how difficult it can be without practical knowledge:

"Yeah. And it was nice. It's really nice to know that we weren't alone with like screaming kids who were spitting and throwing food and acting really strangely. Because we don't have any trauma background and I've studied like, I studied psychology at Canterbury and like, you know, I did all that sort of stuff, I've learned about it. But when it is happening in your house 24 hours a day, seven days a week and it's your kid. It all goes out the window like you can't be practical yeah, that's really totally different."

They acknowledged that most children placed under Home for Life would have experienced trauma. It was suggested that a pre-emptive approach would help parents provide the best

care for these children. Implementing an early intervention method as opposed to responding to placements at the point of a breakdown was suggested:

> *"And, yeah, it would be good, I think for social workers to maybe not have to worry about funding stuff like that and to be able to offer those courses to people just immediately, especially if they know that a child's got trauma, like a newborn baby is gonna have that original trauma being removed from the biological mother. But a kid that is a year and a half old that has been through five homes, there's gonna be trauma there, so let's pre-empt this, with something. Let's try and help these parents do the best that they can rather than waiting until they're at the point where they're just about to give up, yeah."*

Further, as many Home for Life parents experience the same issues at home, they wished that information could have been provided initially when they had described the challenging behaviours they had been trying to manage:

> *"I guess the first time that we started saying that we were having trouble them saying to us hey you know, like there is, there are some options that we have access to and it always about funding, which I know everything is always about funding. But they don't like to offer things I suppose because it costs money...But I do think it would be really good to be given that information. I mean, if somebody's sitting there explaining to you some pretty bizarre behaviours or things that they are struggling with, and as a social worker, you don't say 'hey, how about this course?' And we met so many people on that course that felt the same, had the same issues with the kids and had yeah, lots of ....some people had the same social workers some people had different ones. But all of those sorts of issues are the same."*

Another Home for Life parent spoke about the challenges they had with feeling unacknowledged. The previous trauma their child had experienced was not recognised as a reason to receive additional support:

> *"The challenges we still have is, ability to access services and just zero recognition from CYFS that you know, these kids might be having challenges because of their*

past. But there's just a lack of recognition of trauma and its impacts in CYFS which means they won't come to the party on anything, yeah"

These Home for Life parents accounts highlight the toll of caring for high-needs children who have experienced trauma. The impact these challenging behaviours had on these parents and families was significant. There is a common understanding that children who have been removed from their birth families often have experienced trauma, which can manifest in a multitude of ways. Therefore many of these Home for Life parents were at a loss as to why preventative specialised support and trauma-informed training had not been put in place. They desired to have training support which matched the complex needs of these children, as opposed to a general caregiving support service or training.

The experience of being a Home for Life parent to children who cannot be cared for by their families

Theme 7: Lack of status as Home for Life parents: not informed of child's history, trauma and personal information

Five out of seven Home for Life parents struggled with being ill-informed about the backgrounds of children who had joined their family. They found it both difficult and confusing to piece together why these children were behaving in particular ways. It proved difficult for them initially to support the needs of these children when they had very little understanding of their history.

The couple interviewed illustrated their experiences discovering the extent to which the child in their care had suffered abuse and neglect:

"So we got him on the Friday and the Saturday, his caregiver, looking back we know why she didn't bath him, but the Saturday, it was just the smell coming off his little body was like, I have to bath this kid. I put him in the bath and that was mistake number one, our neighbour called the police, he screamed out loud and cried that

loud and we had no idea what was going on. 'I'm just trying to bath you, let you have some playtime in the bath, what the hell's going on?' And so that following Monday basically we rung our social worker and said 'you need to tell us what the hell's going on with this kid because this is not normal behaviour. What has led to the fact that he screams every time we go near the water? What led to the fact that he has nightmares all night? You know, this kid doesn't eat, you know?' And so she said, 'well we're not meant to tell you all the trauma he's suffered, you're Home for Life parents, you don't need to know that."

The lack of prior disclosure of the child's background left these parents helpless in being able to understand how to provide trauma-sensitive caregiving:

"..You know, why were we not told he was burnt with a cigarette 32 times and that's only what they know of when he was brought into care. Why were we not told he was left in a tub of water for four days by his birth mother? That's why he was uplifted While she was out on a bender…Why weren't we told that he was terrified of vacuum cleaners? Because we came into care there were all these circle bruises on his body, and they couldn't work out what they were from."

Further they questioned why the extent of the abuse this child had suffered had not been disclosed to them. They felt 'set up to fail' and wished they could have known this information prior to the child being placed with them to provide better support:

"But he told us about six, seven months later he told me that 'naughty mummy get vacuum cleaner and suck me'. Why were we not told that he'd been you know, head into the toilet dunked several times? We should have been told all of that to actually functionally care for him. So we eventually got that…..And it was fascinating once we dealt with speech language therapists that he actually hadn't developed the facial muscles to be able to make consonants because he'd only ever eaten spaghetti, something I never knew. So we basically got set up to fail by the Ministry because we got given this wee boy who'd had such a traumatic past and we weren't told any of it."

Another Home for Life parent felt dismayed that they could be trusted to care for children but not look after their important documents:

"We only got their birth certificates last year. Yeah. When child (1) at the end of the year before when child (1) wanted to go for his license. Other than that, we've had photocopied birth certificates to enrol them at school. Okay, like we can have kids for 24 seven, but we can't look after a birth certificate."

The theme of being uninformed of a child's history and trauma was consistent. The following Home for Life parent spoke to the complexity of providing care to children who had come from abusive backgrounds. Initially they were unaware of the extent of the abuse the girls in their care had suffered:

"..to be fair to them, they didn't know some of the abuse the girls had suffered, but they also weren't very transparent and being clear about the abuse they had suffered and so actually, and I was very early in my caregiving journey, I mean I have a lot more experience now and would know different things to ask and to do. But at the time, you're just led to believe that all these children need is love and that's something I'm easily able to give. But it's not quite that simple. In fact, it's really not that simple at all. There's a lot of complex factors."

Another Home for Life parent struggled with having to piece together the child's background information from various sources. They were shocked upon the disclosure of particular information when it was eventually shared with them. They reported that they would have approached biological family visits differently had they known more about the child's background:

"So because of like the biological parents' rights to privacy, they can't tell us stuff or they have to omit information. Which is incredibly frustrating because we've been trying to like, raise a child that we maybe get a third of the information about. And then the mother might tell us one thing and the paternal grandparents will tell us something else because they both have visitation rights and then to try and clarify that is nearly impossible. So we had a meeting a couple of weeks ago with the person who was to helping us do the next step you know with the legal side of things. And she said, 'I've got a rough a rough timeline of the child's situation'. And she read us some stuff that we'd never heard and some stuff that we were shocked by, and if I'd known

that at the beginning, our visits with her biological family would have been very different and much less relaxed."

They had a desire to be provided with information that would help them parent in a practical sense:

"Yeah, I feel like it would be much better, if.... I understand privacy laws and all of that sort of stuff, but you know, it's really hard to parent a child when they are two years old or a year and a half old she was when she came to us. And that first year and a half of their life is just what one social worker has been able to tell you. And, you know, they took like things like she is very lactose intolerant. But her paternal grandparents and the carers right before us said that they've been giving her yogurt and there had been no problem. We gave her yogurt and it just violently upset her stomach. Okay. And so its things like well, you know, we're not given actually any concrete information. We're just getting kind of told 'oh no we give it to her, it's fine."

They also wished for this child's background information to be able to provide access to their history when they grow up:

"Yeah, I'd like to have that information. So potentially down the line [child] can have that information if we deemed it appropriate. Obviously, I wouldn't give her access to everything. But I think when she's an adult, she is going to need the full picture of her life. Because that's part of what Home for Life is, being able to give a child like the access to their background."

Across these accounts it is clear that Home for Life parents have a lack of status not only surrounding decision making, but also concerning the information they are entrusted with. Having all the responsibility to care for these children and no rights to information or decision making is both a source of frustration and of helplessness for these parents.

Theme 8: The toll of caring for high needs children

A consistent narrative shared by all Home for Life parents was the toll of caring for children with complex needs. Providing care for these children whilst balancing other life

commitments was an ongoing challenge. Home for Life parents' strain stemmed from a lack of financial, professional and caregiving support.

Three Home for Life parents spoke about the level of investment the children in their care required, which limited their ability to work full time:

> *"I don't think in honesty any parent, any mother who takes on HFL children in a normal family, you know NZ kiwi family like we are, could work full time and do this."*

One spoke about the time constraints appointments placed on her, acknowledging that working full time would not be a viable option for her:

> *"But as a Home for Life, mum, I can't afford to work full time, my children take up far more time than I have hours of the day. Just last week, each child had two hospital appointments each. Would I be able to fit that in and work? No. I work part time for me because I need it as my creative outlet, teaching [omitted] is what I do for money, it helps a little, you know, doesn't hurt for the money."*

Similarly, this Home for Life parent spoke about the additional challenges and support required to raise a child who had been removed from their birth family. They believed there was a need for revisiting the provision of financial support:

> *"The lump sum payment, off the top of my head, I think it's $1,000. Again, my home was set up for foster children. You know, if your home wasn't or you were - I mean, I've been in another situation where you're asked to take on another child and you don't have a bed and drawers and all of that for that child. You know, that could go anywhere, $1000, I mean that's nothing compared to the cost of raising a child. These children need more, you know, like when children have such high needs, honestly, you can't hold down a full time job to get them to all their appointments, they need to go to and to, to physically be there for them. In a way your actual kids just wouldn't require as much of you like that so, it costs a lot to have children. Not, not just the normal expenses natural parents have, there's a lot of other cost benefits to it as well, you know, the strain on your relationship, because of all the behaviours you're constantly dealing with. Yeah, the time you need to take away from work or your*

other commitments because they have so many commitments. They require over and above what your natural child would require."

Further, one parent added that taking a child on under Home for Life requires the support of more than just the immediate family. They described how difficult it would be caring for a child without additional family support:

"But other than that, I think probably the only other real big support that we have is our families. It's not just an 'us' thing. It has to be a family wide decision, or not decision, but a family wide thing to foster children because they're not easy kids. I mean, our kids are probably some of the easier kids in terms of HFL kids that we've met, but it's still, you know, it's still juggling. You know, [husband] works full time, I work part time, juggling childcare, juggling the fact that they all need time, one on one time with somebody and you can't, we couldn't do it without the fact, without [husband's] parents or my parents, or you know, my younger brother who does a lot of the babysitting for us at night."

It is evident that the parents providing a family for their HFL children are faced with challenges outside of those of a 'typical' parent. Their joint narratives are strongly interconnected with a desire for further financial support. Their love and commitment to these children despite the challenges and systematic failures is commendable.

Theme 9: The care we provide- in spite of the challenges and systemic failures

a. Home for Life parents' love, commitment and care towards caring for children despite challenges with the Home for life arrangement.

The following accounts from Home for Life parents speak to the depth of love and care they show towards these children, in spite of the difficulties they experienced with the Home for Life arrangement and the toll it has taken on them.

The couple interviewed described how caring and attentive they were to the needs of the child in their care when he was having trouble sleeping:

"And this came so crystal clear for me on the second night when we had [child], because he was just crying and distraught, and he did not know what was going on, which way was up and he just sat down in the corner in this little fetal position and I remember thinking and praying and said Lord, give me the wisdom to know what to do here and to know how to connect with this child and find what he needs and it was funny, I just sat down and just sat down with him and didn't say anything and just chilled there and it was really funny, he kept looking at me and eventually he turned around to me and started snuggling up to me and, and then cuddled me and then relaxed and I felt his heartbeat drop and then he started properly cuddling me and just sat there for what felt like an eternity, probably was sitting down the floor with him for about an hour or so and then finally his whole body relaxed, and I could put him back to bed and he went to sleep and it was fascinating how without a word being said just realising, you know meeting his needs and realising that, 'okay, I'm just going to do what he needs' and that turned out to be a fascinating journey and everything just keeping it, 'your needs are being met. All right, you want a bottle, fine'. We'll just do what we need to do and that same path continues to today that you just treat them like you would any child that you love and just do what you need to do. It's just what he needs is slightly different, and a bit more than what you'd need if you didn't have some challenges to start with."

Further as they described the journey of the child in their care joining their family it became clear how much love and commitment they had to supporting this child, and how proud they were. Watching this little boy grow and come out of his shell made the challenges with the Home for Life arrangement seem insignificant:

"It's very sweet and [child] came into our care and he'd had seven odd parents and his life had been so disruptive, he had lots of issues when he came with us and they all came down to stress and attachment. So he would throw up a lot, he would not feed properly, he wouldn't sleep properly. It's just anxiety and so once he'd been stable with us for two, three months, everything started sorting itself out and so we got into an awesome routine……He's now got about a 20 word vocabulary and watching these kids bond as a family, that [older children] love [child] to bits and watching [child's] life change from this little shell of a human. He was just this terrified little boy who was just stuck inside his shell like a little turtle, and he'd occasionally peek

his head out and then oooh back into to my shell, the world's too scary. Through to this boy that take him to school and he's yelling to his friends and wants to play and is engaging and he's enjoying learning and watching him thrive is so satisfying that it makes a whole lot of the crap that you have to put up with quite manageable and just fades into the background."

The following excerpt describes how proud one Home for Life parent was of the child in their care for succeeding despite what professionals had told them:

"Ah being a mum [child] just adores us. Like, just like in any normal family there's days we all clash but yeah, he's just such a blessing. And just seeing him you know, achieve and make friends and do well with his school work. We were told that, you know, he probably wouldn't be very academic and he wouldn't do this and all the negative things and he's actually doing really well."

One Home for life parent cared so much about the children in their care that they felt compelled to resign from their corporate job, to address gaps in trauma-informed care for children:

"So the energy based techniques in therapy, emotional based techniques and therapy. But then I found myself in a situation where there's very few practitioners who practice, they have varying degrees of experience. Some of them might practice it, but not be trauma informed and be as experienced at work using the techniques on children. And so actually, what's happened for me personally, is I quit my big corporate job, and I went and trained in a lot of these therapies and modalities myself so that I can help children, like them."

It is clear that these Home for Life parents unconditionally love and care for these children despite the challenges they face with the arrangement. The previous themes have highlighted a system in crisis and the dire need for additional support. The outcomes of these children appear to be solely dependent on their goodwill, which they perceive is taken for granted by Oranga Tamariki.

b. Home for Life parents providing sense of family and belonging

All Home for Life parents spoke about experiences which illustrated the ways in which they provided a sense of family and belonging for children.

One Home for Life parents spoke about how this sense of family for the boy in their care extended beyond immediate family to extended family:

> *"We have family dinner once a month and all the kids if they are around they come and a couple of nieces come and you know our daughter's married and got two kids so they all come and their nanny and you know husband's mom … so all the boys took [child] to the pub like this first few weeks of being 18 and still do."*

They went on to describe the sense of brotherhood this boy had in this family, and how they look out for him:

> *"They hang out together a lot, all the boys, because they all mountain bike. So he'll go to the pub he'll message either son 1 or son 2 'can I stay at your place?' So he doesn't drive. He parks his car at their places. If son 's at the pub, and they see you know, like, they'll walk him, the other, the other kids will walk child (1) home to wherever he staying, make sure he gets there and then they'll go back to the pub and carry on their night because he can't handle very much alcohol. He gets under the weather quite quickly, but they keep an eye on him and so, you know, they look after him which is really cool."*

The couple interviewed spoke about the love and sense of normalcy they provide for the children in their care:

> *"We sit and share a meal for tea every day and we talk about this day and ask how was your day and if you need a cuddle, there's a cuddle, you know, if you've got a nightmare at three in the morning, I'll be there, like on the nights after access, yes, I got no sleep and the next day sucked but I'm here for you, for us, this is normal and easy."*

Another Home for Life parent saw the child in their care as their own and part of their family. They wished to break generational cycles through providing a normal upbringing for this child:

"So, our understanding is that we, we see him as our child. We don't see him as a foster child. We see him, he's just part of our family but it's to give him a normal upbringing and a normal family and for us it's like breaking the cycle because his background, his family's background on both sides is quite generational so breaking the cycle, but also, so we've got shared guardianship and but we've got the day to day parenting orders."

From the couple interviewed, one of the parents spoke about the rewarding experience of caring for these children. They stated that even meeting basic needs and providing a normal life can make a difference for these children. They wished for changes in legislation and the scheme so that more children could experience a Home for Life:

"What's incredibly rewarding is the fact that only what we consider normal makes such a huge difference, but at the same time it's a huge eye opener that for these kids coming into state care, whose goal is Home for Life, you know, for some kids that's never going to happen and that's enormously tragic, because of some very poorly written legislation but also some problems with the programme that shouldn't be there. Yeah, I guess it's intensely rewarding to do this, but I think with some changes this could be good for every Kiwi kid who's in care. But, you know, we've always been an open book when people say 'but why do you do that? Why don't you just do IVF?' We've always been very open about the fact that there are 5000 Kiwi kids in care, half of those are probably still waiting for a Home for Life, why shouldn't we be opening our home to them instead of going well you know what, IVF looks like a great option. It's not, you know, it doesn't have to be."

The way all Home for Life parents described their experiences of caring for and providing a family for these children highlighted how selfless their motivations are and the lengths they go to meet these children's needs. They all love and want the best for these children however systemic issues continue to create barriers to providing the care and support these children deserve.

Chapter Five: Discussion

The purpose of the present study was to explore the perceptions and experiences of Home for Life parents, in order to construct an understanding of Home for Life grounded in the actual lived experiences of Home for Life parents. There were two study aims. The first was to explore how Home for Life parents experience the Home for Life policy and how it works in practice as a system of care. The second aim was to investigate the extent to which the Home for Life order status achieves relational permanence, felt security, and healthy psychological development for the children it serves, and how it impacts the families that are raising them. The research questions and study aims were addressed using data collected from semi-structured interviews with Home for Life Parents, recruited through Fostering Kids New Zealand's Newsletter. Interpretive Phenomenological Analysis (IPA) informed both the data collection and analysis, revealing nine important themes reflecting the experiences and perceptions of Home for Life Parents. These were detailed in the preceding chapter, and are summarised below.

Summary of results

The interviews evidenced how much love Home for Life parents have for the children in their care, and highlighted the commitment and sacrifice required to raise these children and provide them with a sense of family and belonging. However, through analysis of parents' perceptions and experiences of Home for Life, it became clear that systemic issues continued to create barriers to providing the necessary care and support required by these children. Primarily, parents described the ongoing challenges with the current level of guardianship decision-making rights and abilities permitted under Home for Life. Parents spoke about the distress they felt regarding their lack of authority in terms of making important and everyday decisions concerning the child/children they are raising. All Home

for Life parents wished to make decisions independently of others, which is not permitted under the default Home for Life COCA orders. They both supported and recognised the importance of children maintaining a connection with their whānau yet struggled with their legal obligation to share guardianship rights with birth parents who had been identified as unfit to care for a child. Home for Life parents also struggled with the lack of legal security Home for Life permits, desiring more permanence and stability. As the default Home for Life COCA order is contestable it cannot truly offer parents or children legal security. This lack of legal security and 'felt' permanency was found to have an impact on parents and they felt, on children, leading to feelings of insecurity. The lack of status they felt regarding decision making rights also extended to the information they were entrusted with. As Home for Life Parents, they felt they were entitled to information pertaining to both the family and medical history of the child – particularly that information which related to childhood trauma and the resultant behavioural issues. They struggled with parenting children they were given minimal information about, finding it difficult to support these children whilst piecing together why they were behaving in particular ways. Home for Life parents spoke about the ongoing challenges they had surrounding birth parent contact and the re-traumatisation and dysregulation of children this caused surrounding access visits.

As children come from backgrounds of trauma and neglect, parents are not always equipped for the complexity of caring for these children. It was revealed that Home for Life parents found the current provision of therapeutic support unsatisfactory, feeling overwhelmed when they had to fight for, or were unable to access the services they required. It was found that there was a mismatch between families' desire for additional support, and Oranga Tamariki's current ability to meet this need. For the majority of families, a lack of continuity of social workers compounded these issues, as this caused delays in the processing of orders. Additionally, children could not receive the quality of support they required with

this high turnover of social workers. Parents also desired to have preventative trauma-informed training prior to Home for Life orders and support which matched the complex needs of these children, as opposed to a general caregiving support service or training.

Having all the responsibility to care for these children and no rights to information or decision making was found to be both a source of frustration and helplessness for these parents. In spite of challenges with the Home for Life arrangement and the toll of caring for high needs children, Home for Life parent's love, commitment and care towards caring for children was evident.

This chapter will provide a discussion structured around components of the Home for Life order, linking these in terms of how they relate to the study findings and the associated literature. This section aims to identify aspects of the Home for Life policy that are not serving children and their families, with the intention of proposing an improved policy framework for the Home for Life permanency order in the recommendations section. Following this, there will be a section on the strengths and limitations of the study, recommendations for New Zealand's Home for Life policy, implications, and future research.

A Critique of the Home for Life Policy

As mentioned in the rationale, components of the Home for Life permanency policy have been identified as distinctively different in comparison to other 'permanent' orders. Four out of seven of these components were theorized as working against the goal of meeting the primary policy objectives, in particular the goal of acquiring relational permanence, offering children security and offering adequate access to support services. From analysis of the data, findings of this study suggest that permanency principles and outcomes are compromised in the Home For Life programme by its policy and legislative structure, as well as its implementation. It has been identified that the Home for Life policy is set up in a way

that creates additional challenges for Home for Life parents and children, outside of systemic issues, where issues are logical consequences of an insufficient policy. This will be further explored, using the results derived from this study which support a multitude of findings previously reported in the literature.

Contestability: To what extent is the permanent order legally contestable?

The contestability of the Home for Life order was one of the most notable components identified as working against the goal of acquiring relational permanence. The theme 'Lack of legal security', closely tied with the themes: 'Home for Life parent's desire for more decision making rights' and 'desire for greater permanence and stability' illustrated the impact of this contestability. Unlike most other permanent care orders operating in other parts of the developed world (such as North America, Australia and the United Kingdom) there is a two-year window of security for these children after which their birth parents can apply to have them returned to their care. Home for Life parents felt nervous and insecure about the perceived impermanence of their children's placement with them. This legal impermanence undermines Home for Life parents' 'felt security', which in turn indirectly affects children's felt security. Parents did not believe this was fair as children cannot thrive when they do not feel secure. Home for Life parents questioned the lack of legal security of the order, raising concern surrounding the harm that could be caused if a child was to return to their birth parents in the future after settling in their new family. These findings align with previous research stating that a lack of permanency planning may contribute to bidirectional felt insecurity in child-carer relationships. Short-term orders may also increase relationship insecurity for young children in care (Tarren-Sweeney & Hazell, 2006). Further, a caregiver's perceived placement insecurity is also shown to predict negative consequences for the mental health and attachment of young children in care (Tarren-Sweeney, 2008b).

Permanent guardianship orders and parenting orders facilitate stability for children and young people, though provision of legal permanence (Brown, Léveillé, & Gough, 2006; Palacios et al., 2019). Once achieved through a permanent care arrangement, legal permanence can facilitate relational permanence, also known as psychological permanence (Palacios et al., 2019). These findings support the study by Atwool and Gunn (2012), stating that as birth parents can legally challenge Home for Life arrangements, the contestability of this order has been recognised as a road block to both supporting or taking part in a Home for Life placement. The lack of legal permanence compromises children's acquisition of relational permanence.

Further, several families who felt uneasy about going under the default Home for Life COCA orders sought special guardianship rights so they could provide their children with stability in their homes and make decisions in the best interests of the child/children in their care. These findings are particularly similar to those of Nutt (2006) stating that for decades carers have shared that they feel they lack privacy, power, knowledge, certainty and status. The current findings are in line with the notion that social care policy views caregivers as service providers with low status (Nutt, 2006). Further, Home for Life parents' feelings of insecurity aligns with research undertaken by Tarren-Sweeney (2008b) stating that caregiver's perceived placement insecurity has been shown to predict negative consequences for the mental health and attachment of young children in care.

Providing a stable and permanent home can enable a child or young person to begin recovering from the harmful effects of exposure to abuse and/or neglect (Tarren-Sweeney, 2016). Despite Home for Life Parents legally consenting to the terms of the Home for Life order, including provision of shared guardianship, these findings suggest that they do not believe this is the best way forward in terms of enhancing stability and relational permanence. The current study suggests that the majority of Home for Life parents wish to

make decisions independently of others under a non-contestable order, in order to provide a stable home environment for children. Overall these findings reinforce the literature stating that the most important child welfare policy objective in terms of the wellbeing of children needs to be prioritising children and young people's 'psychologically permanent' relationships with their primary attachment figures with the intention of supporting a felt sense of connectedness, security, care, safety, trust and permanence in relationships with their caregivers (Ackerman & Dozier, 2005; Schofield & Beek, 2005; Tarren-Sweeney, 2016).

It is important that each person has a sense of belonging to one another permanently, where they see their close attachments as being part of a family. A consequence of having a short succession of both planned placement changes and unexpected breakdowns is that it disrupts a child's journey to relational permanence (Palacios et al., 2019). Further, those who 'age out' of care without a sense of permanently belonging to either their foster families or birth families are vulnerable and feel isolated in the world (Palacios et al., 2019). Children who are unable to safely return to their birth families, with no other suitable extended whānau to care for them have both a right to and a need to belong to a family extending beyond childhood into adulthood (Palacios et al., 2019). The key policy objective of permanent care orders should go beyond attaining legal and residential permanence, through upholding the wellbeing of children and their relationships with significant attachment figures, with the goal of fostering a felt sense of security, continuity, trust and nurturance (Brodzinsky & Smith, 2019). Child welfare policy and practice must work to ensure legal, residential and relational permanence is a priority for these children in care, endeavouring to achieve these goals within an appropriate timeframe (Palacios et al., 2019).

Sole or shared guardianship/custody: Is legal guardianship wholly transferred to 'permanent' carers, or is guardianship shared with the state and/or the child's birth parents?

Under Home for Life, legal guardianship is shared with the child's birth parents, as opposed to being wholly transferred to the 'permanent' carers under Home for Life. The theme Guardianship decision-making – rights and abilities also revealed two subthemes pertaining to this element of Home for Life: a) Home for Life parents' desire for more decision-making rights and b) the questioning whether birth parents are fit to make guardianship decisions. Home for Life parents have parenting and additional guardianship orders under the Care of Children Act. Home for Life parents and birth parents must make joint decisions through negotiation with each other on guardianship concerns such as medical treatments, faith and school (section16 Care of Children Act). All participants challenged the current way these decision-making rights and abilities are permitted under Home for Life. They wished to make important and everyday decisions concerning children the way that regular families do, whilst respecting their child maintaining a connection to their whānau. Similar to Sinclair et al. (2004), caregivers raised concerns over the preference that social services display toward the needs of birth parents, despite the harm they may have caused their own children. Furthermore, the current findings concerning joint decision making between Home for Life parents and birth parents matched those of Jackson and Gibbs (2016), stating that difficulties may arise reaching consensus when relationships are unsteady and/or there are opposing views on what decision may be in the best interests of the child.

In certain circumstances under Home for Life (for example if a child is at risk or a birth parent is deemed unfit to make joint decisions) parents may apply for Special Guardianship, permitting full decision-making rights. However, not all Home for Life parents qualify for this and therefore many struggle with the default COCA orders, particularly

surrounding their duty to make joint decisions with birth parents who were deemed unfit to continue caring for these children. Under this order, return to court is necessary when a consensus over decision making cannot be reached. It was clear that the majority of Home for Life parents desired sole decision making rights as one believed special guardianship should be automatic under home for life, whilst four others spoke about being in the process of applying for either special guardianship or additional guardianship to attain more rights. They wished to be able to make day-to-day and important decisions, without the struggle of reaching a consensus over medical care , education, health, travel or faith.

Home for Life parents who have taken on caring for these children develop a close understanding of their needs. It was observed that parents had a deep emotional reaction due to raising a child as if they were their own, yet not having control over their family life. This aspect is congruent with Nutt, (2006) who describes how social services' efforts to protect the rights of children, can have unintentional consequences which leave caregivers feeling disempowered. It is outlined that carers perceive looking after children as "a package which inevitably includes hardship and injustice in return for the care of children" (p.61). Despite these challenges, akin to the current findings, carers are described as having no sense of grievance towards others (Nutt, 2006).

Other permanent orders such as the UK's Special Guardianship and South Australian guardianship orders permit sole parental responsibility to new guardians for a child who is unable to reside with their birth parents (Child Law Advice, 2019). This legal guardianship order is set up to be shared with the child's birth parents, as opposed to being wholly transferred to the 'permanent' Home for Life parents. As a consequence this results in this permanency policy falling short in meeting the primary policy objectives of facilitating relational permanence, felt security, and healthy psychological development for the children

it serves. A proposal for an improved policy framework, aiming to improve the permanency order is further outlined in the recommendations section.

Road-testing requirement: Can children be placed with new guardians or adoptive parents with this order, or is it only available for children residing in existing stable foster or whānau placements, where the legal status of that existing placement is changed?

The order is not finalised until the placement has been road-tested in existing stable placements, effectively preferencing existing foster and whānau care placements. An implication of reserving Home for Life for existing foster parents, rather than recruiting parents directly from the community, is that children may reside for longer in the care system. Further, Home for Life parents must adjust from providing impermanent care to permanent care, having to transition themselves into a different conception of parenthood (foster carers to non-biological parents), despite it being suggested by Oranga Tamariki that parents need to think of their Home for Life child as a biological child. Also, this policy incurs an 'opportunity cost' on those children who are placed with foster parents who for whatever reason do not wish to either make a permanent relational commitment to that child, and/or wish to remain long-term foster parents within the out-of-home care system.

Whānau, non-whānau, or both: Can this order be used for both whānau and non-relative placements, or is it specific to one or the other?

This order can be used for both whānau and non-relative placements. This element relates to the theme 'Lack of status as Home for Life parents: not informed of child's history, trauma and personal information'. Whānau carers often know most of a child's history, however for non-whānau Home for Life parents, being unaware of important information about the

children they will be caring for permanently was identified as a source of stress. Even in situations where adequate background information is provided, carers still experience strain and shock in the face of the reality of looking after children with complex needs (Nutt, 2006). However, it important that permanent carers are given the best possible foundation to prepare for caring for these children, whilst allowing them to feel better supported by social services.

Home for Life parents discussed their lack of status surrounding decision making abilities and provision of background information. Lack of prior disclosure surrounding the background of these children and the extent of the abuse some suffered left parents feeling helpless as they had to piece things together. They wished to have been able to support these children in a trauma-sensitive way from the beginning, in one case with more vigilance surrounding their safety around particular family members. Having all the responsibility to care for these children without the rights to information or decision-making was a source of frustration and helplessness for these parents. These concerns are universal, as across the literature long-term carers are reported to often feel ill-informed, undervalued, dismissed by the care system or taken for granted (Gilbertson & Barber, 2003; Golding et al., 2006; Maclay et al., 2006; Nutt, 2006; Sinclair et al., 2004). The current literature states that it is common for carers begin looking after children with little information regarding characteristics of the children coming into their care, and minimal information on what to expect in terms of the specific challenges they may experience (Stott, 2006). Often new caregivers "must work hard to get to know the child, to create a bearable story with the traumatic fragments they have and with the emotional distress they see before them" (Stott, 2006, pp. 42). Being provided with relevant information prior to a placement has been identified as the most helpful form of support by both long-term and short term carers (Octoman and McLean, 2014). Recommendations on how this policy could address Home for Life parent's need for information will be addressed in the recommendations section.

Ongoing birth family contact: Does the order require, or allow for, or not allow for ongoing contact with birth parents and other kin?

As aforementioned, the Home for Life parenting Order permits the day-to-day care of children and can also be used to ascribe contact arrangements for birth parents. Under this order, a portion of legal rights are retained by the child's birth parents, specifically contact and/or guardianship decision making concerning school, medical treatments and religion (section16 COCA). Struggles with this element of the associated Home for Life order were captured in the theme 'The challenges of birth parent contact: re-traumatisation and dysregulation of children surrounding access visits'. This theme identified a fairly universal struggle, not specific to the Home for Life order, as birth family contact or access visits are often prescribed within legally permanent guardianship orders, under a separate family court contact order. Literature on birth family contact outlines challenges of a similar nature occurring under long-term foster care and legally permanent orders, including guardianship and adoption orders.

Home for Life parents experienced challenges surrounding access visits with birth parents. There were shared narratives regarding the negative impact this had on them and the children in their care, specifically the dysregulation and re-traumatisation of children that occurred both before, during and after these visits. The dysregulation surrounding access visits for some children involved dissociation, sleep disturbances, anxiety, conduct problems and apprehension. In one case the after effects of visitation caused severe disruption to a family as one parent had to take annual leave each day after due to supporting a child having frequent nightmares. This finding is consistent with a study undertaken by Moyers et al. (2006), suggesting that contact with birth families can cause issues for children and adolescents in long-term care. Further, these findings align with prior studies suggesting that caregivers and children experience stress and significant challenges surrounding birth parent

contact (Farmer et al., 2004; Kirton, Beecham and Ogilvie, 2006; Macaskill, 2002; Nutt, 2006; O'Neill, 2004; Schofield, 2000; Sinclair et al., 2004; Wilson et al., 2000). The current way provision of court ordered visitation between noncustodial parents and their children is set up was queried by parents, as the current arrangement was not working for some of these Home for Life families. It was questioned whether accommodating birth parent access needs was in the best interests of the children when their impact was harmful and placed pressure on the family. This supported Sinclair et al. (2004), who found that caregivers may feel conflicted if they observe this contact is not serving the best interests of the child. These findings confirm Moyers' (2005) study stating that birth family contact for children in care is a complex phenomenon which must be re-evaluated in order to be managed well. The recommendations section proposes an alternative way these access visits may be approached.

Provision of therapeutic support: After the state transfers guardianship to the permanent carers, does the state accept that it has a continuing obligation to facilitate or fund psychosocial interventions for children and their caregivers?

After guardianship is transferred from the Chief Executive to permanent carers, aside from an initial support package, there is no ongoing guaranteed provision of therapeutic support by the government. Home for Life parents have the ability to apply for further support via the Permanent Caregiver Support Service (PCSS), and additional financial assistance through Work and Income (Unsupported Child's Benefit (UCB), Child Disability Allowance and Child Care Subsidy). However, support entitlements through PCSS must be discussed with social workers and approved upon the basis that the criteria are met. The accounts of Home for Life parents which resulted in the themes : 'The toll of caring for high needs children' and 'The care we provide' - in spite of the challenges and systemic failures' testify to the impact and complexity of caring for children with complex behavioural and

attachment difficulties, and the associated tensions that arise with social services and birth family contact. These themes support the provision of additional support and trauma informed training, which may lessen the toll of caring for these children. The themes 'No continuity of staff- an overworked and understaffed system' and 'Feeling unsupported- the need for proactive and preventative approach' further illustrated how Home for Life parents experience the current provision of therapeutic support under Home for Life, providing evidence towards changing the way support services are currently provided.

Home for Life parents spoke about the significant challenges that they continued to face beyond those faced by a 'typical parent' and the toll this took on them and their families. They found it challenging to raise children with complex needs while also caring for other family members and balancing other life commitments. These challenges were compounded by a lack of available financial, professional and caregiving support. Taking on a child under Home for Life generally required that they reduced their normal working hours to deal with complex behavioural issues and other related demands. They also had to rely heavily on support from their wider family. As frequently described throughout the literature, this finding demonstrates the complex and difficult nature of parenting a child with complex-needs, and the impact this can have on an entire family (Farmer, Moyers, & Lipscombe, 2004; Golding, 2006; Nutt, 2006; Sinclair, Gibbs, & Wilson, 2004; Wilson et al., 2000). Caring for children with complex needs can be gratifying, although, due to the history of maltreatment children have come from, it is common that a significant burden exists alongside this type of care. It has been reported that carers with biological children and foster children had difficulties balancing each of the children's needs, leaving them feeling overwhelmed and emotionally drained. Continuous monitoring of the child with complex needs reduced the time and resources that caregivers had available for their biological children (Nutt, 2006; Sinclair et al., 2004). Nutt (2006) states that the role of caring takes up

space in all areas of life, where paid work becomes infeasible due to being required to adapt to the needs of children and becoming immersed in a child's schedule of ongoing demands. As also identified in Home for Life parents, the intrusion of social services into the private lives of carers has been noted as a cause of additional tensions and difficulties within families (Nutt, 2006). Further, the toll of managing severe behavioural and emotional challenges has been cited to increase the risk of burnout and emotional stress over time (Buehler, Cox, & Cuddeback, 2003; Murray et al., 2011).

Home for Life parents' love, commitment and care towards children in their care was also evident in the current study. This deep commitment was in face of all difficulties they experienced with the Home for Life arrangement and the stress of caring for children with complex behaviours. Parents described the joys of watching their children grow and become more confident. This finding is consistent with that of Nutt (2006) who states that carers can develop a deep bond with children in their care, investing in them to meet their needs and receiving gratification from seeing positive changes in children. Parents also described the time invested in caring for these children, and the sacrifices they made to attend to their specific needs such as seeking additional training, educating themselves, reducing their work hours, staying up late to comfort children and catering to specific complex needs. Again, the current findings support Nutt (2006), demonstrating that carers, despite having little autonomy of care themselves, have to understand and accommodate for the for complexity arising from parenting children who are also connected with a birth family and the bureaucracy of social services.

Home for Life parents reported a lack of continuity of social workers prior to Home for Life, which impacted the quality of support offered to children and the speed at which orders were processed. Parents were concerned about the lack of understanding and support for their children and their situation, as a high turnover of social workers translated to an inability to

effectively address these children's needs. These findings support previous assertions that carers experience issues with social worker support such as: unavailability, delayed responses to phone calls, infrequent visits, lack of communication and disregard for the opinions of caregivers (Center for Workforce Studies, NASW, 2006; Farmer et al., 2004; Fisher, Gibbs, Sinclair, & Wilson, 2000; Hudson & Levasseur, 2002; MacGregor, Rodger, Cummings, & Leschied, 2006; Murray et al., 2011; Sinclair et al., 2004; Wells, 2004). Social workers practicing in government child welfare settings experience stressors which result in high rates of turnover (Kim & Stoner, 2008). Families who are provided with support from social workers in a stressful work climate have a lower likelihood of receiving comprehensive and ongoing services (Center for Workforce Studies, NASW, 2006). It has been shown that that there is a reciprocal relationship between stressful conditions of social work (such as unmanageable caseloads, increased demands, staff shortages, inadequate supervision), low social worker wellbeing and the quality, consistency and stability of services provided to children and their families (Kim & Stoner, 2008; Mor Barak, Nissly, & Levin, 2001). The current findings also support previous research stating that effects of maltreatment and trauma can be enduring and that a longer delay prior to placement will increase the negative effects on child development (Johnson, 2000). Further, the literature states that in order to minimise harm and provide the best environments for recovery and development, there needs to be focus placed on reducing system level and procedural delays (Dibben & Howorth, 2017).

These accounts of Home for Life parents highlighted a need for proactive and preventative family and mental health support services, with provision of specialised trauma-informed training for Home for Life parents as opposed to general caregiving. It became apparent that a different approach in the provision of specialised support services under Home for Life may be required to meet the needs of these families. Parents spoke about their

experiences with delays in support and the impact this had on their children. There were mixed experiences regarding Permanent Caregiver Support Services (PCSS). One parent acknowledged they were a good agency who were forthcoming with support while others described PCSS as unresponsive and having "teething issues". The majority of participants reported a sense of having to battle to receive required support, as well as feeling unheard and unsupported. Parents desired a straightforward process, with the autonomy to access funded specialised support services and trauma-informed training which addresses the complex needs of children. One parent suggested that a psychologist specialising in working with Home for Life children may be beneficial. Some wished Oranga Tamariki would acknowledge that a child's developmental difficulties and trauma caused by maltreatment at the hands of previous parents and caregivers, may warrant additional support and training. Early trauma has a developmental impact, which regardless of the competency of carers, can persist in compromising a child's development and wellbeing (Tarren-Sweeney, 2008b). Findings of the current study align with previous research stating that long-term caregivers should have ongoing access to well-resourced specialised support services and comprehensive training prior to placement, which are critical for placement stability and family emotional well-being (Brodzinsky, 2008, 2013; Dozier, 2005; Golding, 2006; Tarren-Sweeney, 2014). Again, this is due to the fact that children in care have complex mental health difficulties which follow a longer recovery trajectory (Tarren-Sweeney, 2014). The accounts of Home for Life parents in the current study testify to the challenges of parenting children who present with such complex behaviours. Training programmes are important in terms of increasing placement stability, as they aim to maximise the therapeutic potential of caregivers (Tarren-Sweeney, 2014). Akin to the current findings, studies exploring foster carer experiences identified a number of gaps in the training they were provided, specifically desiring specialised training covering topics related to the needs of their children, such as

autism, mental health and foetal alcohol syndrome (Farmer et al., 2004; Hudson & Levasseur, 2002; MacGregor et al., 2006; Ogilvie, Kirton, & Beecham, 2006; Sinclair et al., 2004; Wells, 2004). It is hoped that policy and government organisations begin to recognise that the well-being of these children is intrinsically connected to that of their carers (Nutt, 2006). In order to promote relational permanence and the long-term emotional wellbeing of these children, it is important that the policies surrounding child welfare promote stability for children through provision of easily accessible specialised support services delivered by experienced clinicians (Brodzinsky, 2013).

In summary, the participants in the current study spoke to their challenges in obtaining support from Oranga Tamariki. Whilst children have exited state care, their permanent carers still have to engage with the state care system to access services, for example for pre-placement training or with the Permanent Caregiver Support Service (PCSS) that manages referrals from Oranga Tamariki. As Home for Life parents are no longer foster carers, there is no logical reason why the system has to be operated this way. The fact that Home for Life parents were formerly foster or whānau carers is predominantly why Home for Life parents continue to turn to services linked with Oranga Tamariki for provision of support. If under Home for Life parents were recruited directly then there would not be the institutional history of turning to Oranga Tamariki for support or having social worker involvement. Support services would be better addressed by keeping Home for Life parents separate to care system channels, through services being coordinated outside of the state care system. An alternative support service framework and suggestions for evidence based training programmes under Home for Life are outlined under recommendations.

Culture and ethnicity: Does the guardianship order include any specific features that promotes/protects children's cultural belonging and traditions?

As previously discussed, the extent to which the Home for Life order includes features that protect a child's cultural belonging and traditions is through selection of placements. If a child is to be permanently placed with non-whānau caregivers, social workers undertake a selection process, aiming to finding the best match between caregivers and the child. Both the caregiver and child's ethnicity and religion are considered, alongside the caregivers capacity to provide continuity for the child and preserve the child's relationship with their birth parents (Department of Child Youth and Family Practice Centre, 2014). Seven out of eight Home for Life parents responded to the follow up demographic questionnaire identifying as New Zealand European. There were a range of ethnicities of children identified under the care of Home for Life parents. Whilst interviews revealed that Home for Life parents endeavoured to meet the cultural needs of children on an individual basis, findings did not reveal any additional specific features under Home for Life that work to promote or protect a child's cultural belonging and traditions.

Limitations of the Current Study

While the sample size still met IPA guidelines outlined by Smith et al., (2009) it was the most notable limitation of the current study. The small sample size did not allow for generalisations to be made from the findings about Home for Life parents as a collective. Due to the small sample size and the majority of participants identifying as New Zealand European, this study was also not able to directly explore the impact of culture and ethnicity. Ideally, the themes derived from the analysis would be measured quantitatively in a large, representative survey, which would then provide more definitive data on the Home for Life model. Other limitations related to the participants and their ability to participate and speak

specifically to the Home for Life experience. The prior experience of some participants as foster parents influenced some of their responses. Parents shared experiences related to foster caring, therefore sections from the data which weren't directly related to Home for Life could not be used. Other limitations included time constraints, the availability of participants, and the limitations of Zoom video interviews in terms of building of rapport and ease of interpretation of body language and non-verbal cues. Additionally, the time frame of this thesis meant that participants were not able to be offered the themes to correct or provide feedback on, which may have improved the quality of the findings. Further, whilst themes were categorised definitively, as all parents experiences were complex, the majority of themes were interconnected with findings correlating across them. In view of this, all themes should be read and considered holistically.

Strengths of the Current Study

A strength of this study is that it provides an useful starting point for understanding how Home for Life parents experience the Home for Life policy and how it works as a system of care. To the researchers knowledge, Home for Life parents have not been previously approached to discuss their perceptions and experiences of the Home for Life scheme as part of a study. Therefore these findings provide a valuable foundation for future research. Findings from this study also offer useful insights for policymakers and those involved in social services into the complexity and lived reality of parenting children under Home for Life. Further, despite all participants remining anonymous, this study included the voice of a male Home for Life parent, a group typically underrepresented in literature associated with children in care. Another strength of this study was the thorough and reproducible methodology for the analysis of the data. These steps allow for future replication of this study, and were used as part of an iterative process of ongoing description and engagement

with the transcript for each participant account. This data analysis was carried out meticulously, ensuring each account was given equal depth of interpretation. A further strength is the clarity of participant voices in this study. The interview schedule consisted of three broad topics, with associated open ended questions to avoid biasing the responses. The order of these questions was flexible, allowing points of conversation and issues important to the participant to arise in an authentic manner. Participants were open and willing to answer every question. This study aimed to accurately portray these perspectives of parents, allowing their voices to be represented in the findings.

Recommendations for New Zealand's Home for Life Policy

Addressing the issues arising from these results is complex, however it can be agreed upon that in terms of how permanent orders are set up, a child's welfare, safety, needs, and development are central issues that need to be evaluated. Where children cannot reside with their birth families, an alternative family solution must be found, not only in consideration of the short term, but also for the effect it may have on their future lives (Palacios et al., 2019). Vulnerable children are at the centre of these complex issues and therefore it is important that these issues are approached carefully. The accounts of Home for Life parents suggest that the Home for Life programme is not a suitable model for achieving legal or relational permanence. Findings of the present study, combined with findings from the literature review, have implications for social policy and practice.

Non-contestable guardianship orders

Automatic Special Guardianship for Home for Life parents

The primary concern for Home for Life parents, and their main source of stress was found to be their inability to make decisions for children in the way that regular families do. Parents

wished to be able to make important and everyday decisions concerning the child/children they are raising whilst balancing the rights of biological parents and respecting their child maintaining a connection to their whānau. Unlike other permanent orders previously evaluated, New Zealand's Home for Life order differs as it does not permit sole parental responsibility to the new guardians for children who are unable to reside with their birth parents. Home for Life policy has limitations in terms of achieving permanency for children, in particular the insufficient legal protection caregivers are afforded due to their inability to have sole decision making rights and subjection to legal challenges from birth parents. It is recommended that the policy is either amended to provide automatic Special Guardianship for Home for Life parents or that joint guardianship is permitted between Home for Life parents and Oranga Tamariki. Securing legal permanence for Home for Life parents would facilitate a lifelong experience of stability and belonging for children, enabling them to develop relational permanence, nurture their psychological wellbeing, and provide them an environment to recover from past harm (Palacios et al., 2019).

A need for background information and maltreatment history

Permanent care, although a powerful intervention, cannot solve all challenges faced by the Home for Life parents or children. From the findings of this study it is clear that in order to provide the best start for children going into permanent care, , Home for Life parents need to have the rights to access relevant background information about a child alongside training and support to deal with the effects of and implications of maltreatment. It is recommended that suitably trained social workers are given the specific role of compiling all necessary relevant background information pertaining to a child that their prospective Home for Life parents should be aware of. Provision of access to this information for Home for Life parents could be limited to relevant information concerning a child such as family, medical and maltreatment history, whilst withholding very specific information that infringes the birth

parents' privacy. Provision of this information may be included specifically in a policy within Oranga Tamariki, where it can be written into a memorandum of understanding or service contract at the start of a placement. Another way this information could be legally provided is through writing this into the Care of Children Act legislation. Further, to ensure the birth parent's privacy, it is recommended that the government requires Home for Life parents to sign a privacy agreement prior to receiving this information, which outlines the information that can be shared with whom it can be shared with (for example clinicians and teachers). Providing accurate information will better prepare Home for Life parents for challenges and could contribute to better relationships with social services as distress over limited information will be avoided. Parents having access to information also enables them to provide better support and a safer environment for a child to explore and develop their identity (Farmer & Dance, 2016).

Prior assessment: the impact of access visits

The impact of birth parent visitation is not currently assessed prior to setting up an access arrangement. Whilst permanent orders do not replace or over-ride a child's ongoing need for contact with birth parents, or knowledge of them, severe challenges may warrant a pre-assessment or re-evaluation due to the impacts of visitation. It would be beneficial for Home for Life and birth families if the government implemented having separate contact orders reviewed by a tribunal or the Family Court. Implementing contact orders would to a degree allay concerns birth families have surrounding losing shared guardianship.

Provision of additional support and specialised training specific to children with complex needs

Another implication arose from consistent findings emphasising a need for a different approach in the provision of family and mental health support services. Home for Life

parents felt as if they were battling to access the required support whilst feeling overwhelmed with the complexity of caring for high needs children. Parents articulated the case for why children should be entitled to ongoing and accessible government-funded therapeutic services, despite a transfer of guardianship rights. The literature also highlighted the importance of providing caregivers and children with support that meets their evolving needs. It is important that the cost of treating developmental difficulties is not expected to lie with a child's new legal guardians as the government continues to have a moral responsibility to support these children's developmental recovery, regardless of whether or not they are in state care. This is because the child's developmental difficulties were caused by maltreatment in their parents' care, and to a lesser extent by the effects of living in impermanent state care. Home for Life parents must still engage with state care systems to access services, however this is not necessarily the best way for the system to operate. As aforementioned in the literature review section, the Adoption Support Fund in England offers a model of best practice which provides therapeutic support for children who exited care to permanent orders, whist allowing families the autonomy to access support and select which providers they prefer. The Adoption Support Fund was established to address the needs of families who have previously struggled to access therapeutic support following the process of adoption (Department for Education, 2018). It operates as a voucher system, where support is viewed as a legal entitlement, and power is shifted from state social workers to caregivers. Adapting a model similar to the Adoption Support Fund, in New Zealand would provide parents with the autonomy and freedom to access specialist services via a straightforward process. As New Zealand does not offer public Medicare or disability schemes where families can access to obtain psychology services, a similar model could be implemented through services being coordinated outside of the state care system, for example through a different children's agency, a service funded by the state, the health service, or through ACC.

Through ACC an assessment could be completed to identify which therapeutic services funded by the ACC would benefit a family. This would require ACC to create an additional category under cover for 'mental injury' for children who have been removed from their biological parents, where cover is provided in cases where children's difficulties are linked back to documentation of early maltreatment and neglect.

It is also recommended that specialised training is provided for Home for Life parents alongside ongoing therapeutic services, prior to placement. There appears to be a gap in trauma-informed training and education, as the majority of Home for Life parents desired this. The following evidence based training programmes which appear beneficial for meeting the needs of Home for Life parents are outlined below.

Keeping Foster Parents Trained and Supported (KEEP).

This treatment intervention based on the principles of Social Learning Theory (SLT) is both trauma-informed and evidence-based, offering a support and a skill enhancement program for foster and kinship carers. It is commonly used as an 'in-service' training programme, and is a modified version of Multidimensional Treatment Foster Care (MTFC) intervention (Price, Roesch, & Walsh, 2012). However it does not necessitate placement moves into a treatment foster home and can also be implemented to offer support to placements with multiple children (Tarren-Sweeney, unpublished manuscript). KEEP was created to promote child-wellbeing, address the challenging emotional and behavioural problems of children residing in care and to lower the number of placement breakdowns, within a well-educated foster family (Roesch et al., 2012). This programme offers sessions tailored to group members' specific needs, and teaches practical strategies in the form of positive reinforcement, behavioural management strategies, and ways to help carers manage their stress levels (Price, Chamberlain, Landsverk, & Reid, 2009). There is evidence that this

training programme is effective when carried out by community agencies (Tarren-Sweeney, unpublished manuscript).

Attachment and Biobehavioural Catchup (ABC).

ABC is an evidence-based parenting intervention developed by Mary Dozier and her colleagues for maltreated infants and toddlers and for children who have experienced disrupted attachments. This programme aims to facilitate the development of secure attachments between carers and children, improve children's behavioural and stress regulation and assist carers with sensitively re-interpreting children's behaviour biobehavioural development (Dozier, 2017). There is sufficient evidence displaying that this training intervention has a therapeutic effect on foster carer sensitivity and the regulatory capabilities, attachment security and neurodevelopment of infants and toddlers (Tarren-Sweeney, unpublished manuscript).

Fostering Changes.

This therapeutic foster carer support and training programme is based on both Attachment Theory, and principles of Social Learning Theory (SLT) (Briskman et al., 2012). It was designed to support secure relationship development and to help carers manage children's challenging behaviours through the use of psycho-education on Attachment Theory and education on the practical application of this knowledge (Golding & Picken, 2004). There is good evidence that Fostering Changes is beneficial, well-designed and highly valued by carers who take part in the programme. It has been shown that taking part in the training resulted in improvements in caregiving skills and positive outcomes for families. However it has also been emphasised that training programmes alone cannot meet the needs of families related to the significant challenges of caregiving (Whitehead, 2015).

Both KEEP and ABC were created to contradict the developmental impact of early maltreatment prior to placement. From a review undertaken by (Tarren-Sweeney,

unpublished manuscript) it was concluded that KEEP and ABC have the strongest evidence base for demonstrating their efficacy benefitting children's development and mental health. These training programmes all offer valuable support, and may meet Home for Life parents needs for specialised training, specifically related to behavioural and attachment-related issues. However it is important to note the developmental impacts of early maltreatment and residing in the care system will continue to compromise children's development and wellbeing, despite carer abilities (Tarren-Sweeney, 2008b). It has been shown that regardless of how expertly planned and implemented a training programme or intervention is, there still exists a need for ongoing psychosocial and clinical support (Whitehead, 2015). This is due to children in care having complex mental health difficulties which follow a slow recovery trajectory (Tarren-Sweeney, 2014). The complexity and ongoing challenges associated with parenting children who have been in the care system must be recognised by Oranga Tamariki and statutory authorities as justification for funding a multi-component support model. This would involve ongoing provision of training, diverse support and clinical services for families to cater for the complexity of parenting children with complex needs, fluctuations in support needs and periods of intense stress, as opposed to one-off or time-limited, training programmes.

Avenues for Future Research

This type of study appears to be the first of its kind, with qualitative findings providing a rich insight into the nature and complexity of Home for Life parents experiences. No previous study to the researchers knowledge has evaluated qualitatively how Home for Life parents perceptions and experiences of the Home for Life policy and how it works as a system of care. As aforementioned, ideally in future, the themes arising from this study would be measured quantitatively in a large, representative survey, which would then provide more definitive data on how Home for Life works as a system of care. Should these themes

be confirmed in a broader survey, then implications for social policy and practice could be understood with greater clarity and recommendations made with greater authority. Permanent care policy would benefit from more qualitative research on how Home for Life orders impact children, specifically their felt security and sense of relational permanence. Further research is also needed to explore how the experiences and perceptions of Home for Life vary between whānau parents and home for life parents. An important finding from this study was that parents wished for sole guardianship or more rights in order to make decisions for children in the way that regular families do. Therefore, the policymakers would also benefit from comparative research investigating the differences between families under Special Guardianship versus those under Home for Life orders. Furthermore, an international mixed-methods study comparing caregivers experiences of raising children under different permanent orders such as adoption from care, legitimate permanent guardianship, and New Zealand's Home For Life order would help provide a deeper understanding of how children and families sense of stability, wellbeing and relational permanence differ under each order.

Conclusion

The present study offers a useful starting point, providing insight into the perceptions and experiences of Home for Life parents and how they experience Home for Life as a system of care. This thesis aimed to construct an understanding of Home for Life, grounded in the actual lived experiences of parents, allowing their voices to be represented in the data. It is intended that this this thesis will provide a foundation for research about Home for Life, generating further interest in the way that permanent care policy is structured and implemented. It is hoped that future research will build on this study to help inform social policy and practice-based implications to support Home for Life parents in providing safe families for the tamariki of New Zealand.

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Appendices

Appendix A: Information Sheet for Home for Life Parents

It is important to note that the term 'Caregiver' was used in forms prior to changing to the more appropriate term, 'Home for Life parents'.

Researcher: Georgia King (Masters of Child and Family Psychology student)
Phone: 0272962699
Email: georgia.king@pg.canterbury.ac.nz
HEC Ref: HEC 2019/129

Information Sheet for Home for Life caregivers

Dear Home for Life caregiver (s). I am writing to invite your participation in a study of the experiences and opinions of Home for Life caregivers. My name is Georgia King and I am doing this study as a thesis for a Masters degree in Child and Family Psychology at the University of Canterbury. The principal supervisor of my study is Professor Michael Tarren-Sweeney.

Why is the research being done?

The Home for Life programme was introduced almost a decade ago with the aim of shifting children from foster care to permanent families. Understanding how well Home for Life is working is an important research concern for this country. The study provides an opportunity for Home for Life caregivers to reflect on their experiences and perceptions of the Home for Life programme.

What would your participation involve?

If you are a Home for Life caregiver (or caregivers), then I would be very pleased if you could volunteer an hour of your time to participate in my study. This would involve me conducting an interview with you that would run for around 45 to 60 minutes. If you are a couple then you can either choose to be interviewed together, or nominate one caregiver to participate in this study. I will audio record our interview so that it can be transcribed. I will also send you a copy of the transcribed interview via email. I will arrange an interview when your children are at school/kindergarten or when alternative caregiving arrangements can be made. I will conduct the interview in a private office at the University of Canterbury, or if this location is not feasible, then we could do the interview at your home. Participants will receive a $20 gift voucher as partial compensation for the cost of attending the interview.

What choice do you have?

Participation in this study is voluntary. During the interview you may choose not to answer specific questions or withdraw at any time without providing a reason. You may also withdraw from the study up to two weeks following the interview and any information you provided will be deleted and withheld from the study.

What kinds of topics will be discussed at the interview?

During the interview I will ask you to reflect on your experiences of becoming a Home for Life caregiver, including your views and observations of the ways it has affected you personally, your life, family and child/children. You would have an opportunity to discuss anything you feel is significant regarding your experience of Home for Life (including any strengths and weaknesses of the programme), and what changes (if any) you would recommend for the programme. You will also be able to indicate any topics that you would prefer not to discuss.

How will the information from the interview be used?

The interviews will be transcribed by the researcher and analysed to identify experiences and perceptions of Home for Life caregivers, and the results will be written up as a Master's thesis, which will be accessible through the University of Canterbury Library database. Participants can be sent a copy of the completed thesis via email. The study results may also be published further in a research journal or academic book.

How will the researcher ensure anonymity and confidentiality?

All of the data that you provide will be kept in locked and secure facilities and/or in a password protected electronic form. These data will then be destroyed 5 years after completing the thesis. I am the only person who will know the names of the study participants. No identifying details of yourself or your family or any other participants will be included in the transcripts, thesis or other study publications. Furthermore, your interview transcript will only be marked with an identification code i.e. not with your name or other identifying information.

Who do I contact if I have more questions regarding the study?

Please contact either myself or Professor Michael Tarren-Sweeney if you have any more questions about this study (see our contact details below).

What services can I contact if I need support following the interview?

It is possible that sharing your experiences in the interview might provoke unpleasant feelings or distress. From time to time throughout the interview I will check with you about how you are feeling, and whether the interview is causing you any discomfort or distress. You can request further support if the interview elicits unpleasant feelings or distress, in which case I would refer you in the first instance to my supervisor, Professor Michael Tarren-Sweeney. Michael is an experienced clinical psychologist who has been assisting foster parents and adoptive parents for the past 30 years. If you would like further support from other independent services I would refer you to Parent help, a free national helpline for

supporting parents with any parenting concern or Need to talk, a call and text support service with trained counsellors.

Thank you for considering participation in this study. If you agree to participate, please sign the consent form on the following page, and email me (georgia.king@pg.canterbury.ac.nz) either a scanned copy of the signed page, or a photo of the page. You may also sign at the time of the interview.

Kind regards, Georgia King

Supervisors:
Michael Tarren-Sweeney, Professor of Child and Family Psychology, University of Canterbury. Phone: 03 3693524 Email: michael.tarren-sweeney@canterbury.ac.nz

Annabel Ahuriri-Driscoll, Lecturer, School of Health Sciences, University of Canterbury
Email: annabel.ahuriri-driscoll@canterbury.ac.nz

Participants should address any complaints to:
The Chair, Human Ethics Committee
University of Canterbury
Private Bag 4800, Christchurch. Email: human-ethics@canterbury.ac.nz

Date of interview: _____
(You may withdraw from the study up to two weeks following the interview).

Appendix B: Consent Form for Home for Life Parents

UNIVERSITY OF CANTERBURY
Te Whare Wānanga o Waitaha
CHRISTCHURCH NEW ZEALAND

A study of caregivers' experiences of New Zealand's Home for Life policy Consent form for Home for Life caregivers

□ I have read the information sheet and have been given the opportunity to ask questions about the study. I understand what is required of me if I consent to take part in the study.

□ I understand that the participation is voluntary and that I may withdraw from the study up to two weeks following the interview. I understand that if I choose to withdraw from the study, that the information I provided will be deleted and excluded from the study.

□ I understand that the study will be written up as a Master's thesis, which will be publicly accessible via the University of Canterbury Library database, and that further publication in a book chapter or journal article is a possibility.

□ I understand that any information I provide will be confidential and that the written thesis will not reveal my real identity, or that of my family. Only the researcher will know my identity.

□ I understand that the transcript of my interview will be kept in locked and secure facilities and/or in a password protected electronic form and will be destroyed five years after the completion of the thesis. Furthermore, my interview transcript will marked with an identification code, but not my with my name or other identifying information.

□ I understand that in sharing my experiences during the interview I might experience some emotional distress or feel that I need some further support. If this is the case, I understand that the researcher will do their best to support me and will refer me to the appropriate services if I wish.

□ I understand that I will be emailed or posted the transcript of the interview, and that I have access to the completed thesis.

□ I consent to having my interview audio recorded and transcribed.

□ If I have any complaints, I can contact the Chair of the University of Canterbury Human Ethics Committee, Private Bag 4800, Christchurch (human-ethics@canterbury.ac.nz). I understand that I can contact the researcher or supervisors for additional information

□ I would like a summary of the results of the project.

□ By signing below, I agree to participate in this research project.

Name: Signed: Date: Email address *(for report of findings, if applicable)*:

If you wish to participate, please return a signed copy of this form to georgia.king@pg.canterbury.ac.nz **or you may sign at the time of your interview.**

Appendix C: Interview schedule

Topic 1: History and Experience of Caregiving

1. I'm interested to know how you became HFL parents. Can you tell me about your family background and children?

   Prompts*:*

- *How many children?*
- *Biological?*
- *Current legal status? (e.g. kinship placement, foster care, HFL children)*
- *What kind of care have you provided in the past? (e.g. respite/transitional/long-term)*

2. What do you think the main differences were between types of care you've provided?

Topic 2: Understanding and Journey to HFL

3. "What is your understanding of the Home for Life scheme?"

   Prompt:

   Why do you think the HFL parenting order was created?

4. Can you describe the journey that led to [child's/children's name(s)] becoming a part of your family under the HFL scheme?"

Prompts:

- *What was the pathway? (e.g. previously a foster child/with birth family?)*
- *Who proposed taking on HFL?*
- *Any disagreement or pressure along the way to take on HFL?*

5. What is your understanding of the level of legal security this parenting order offers for your children?
6. What do you think home for life offers children?
7. How do you think HFL differs from foster care or whanāu care?

Topic 4: Experience and Perception of HFL Order

8. Did you experience any shifts in your relationship with [child's/children's name(s)] when transitioning to HFL? (Especially if transitioning from a foster parent) *(If applicable to history)*
9. How have your experiences been making contact with the birth families of [child's/children's name(s)]?

10. Did this level of contact change when your children were transitioning from foster/ whānau care to HFL?
11. Can you tell me about the degree of choice you feel you have in making major decisions affecting the child in your care?

Prompts: *school, holidays, medical care*

12. To what extent do you think HFL addresses a child's cultural background?
13. How do you find the level support you receive as a part of HFL?

Prompts: *involvement with social worker, financial, specialist services?*

14. What support do you value the most?
15. How does this support compare to previous support received (e.g. under foster care or when the child was in 'out-of-home care')?
16. How do you feel about the way HFL addresses financial barriers to providing permanent care to children?

Prompts: *(if mentioned) What did the lump sum payment mean for you? ($2500)*

17. "When your child was transferred from foster/whānau care to HFL, did they know anything about it, and if so, what did they think about it?"
18. What does your child understand about HFL and their legal care status?"
19. Which aspects of the Home for Life scheme do you believe are successful?
20. Which aspects are less successful?
21. What challenges do you continue to face/experience?
22. What do you find most encouraging and rewarding about being a HFL caregiver?

Appendix D: Māori Consultation Outcome

Ngāi Tahu Consultation and Engagement Group

UNIVERSITY OF CANTERBURY
Te Whare Wānanga o Waitaha
CHRISTCHURCH NEW ZEALAND

Tuesday 22 October 2019

Tēnā koe Georgia King

RE: NZ's Home for Life Policy: A qualitative study exploring perceptions of Home for Life Caregivers

This letter is on behalf of the Ngāi Tahu Consultation and Engagement Group (NTCEG). I have considered your proposal and acknowledge it is a worthwhile and interesting project and you are clear about how you ought to take participants' (cultural) needs into account if and when applicable.

Given the scope of your project, no issues have been identified and further consultation with Māori is not required.

Thank you for engaging with the Māori consultation process. This will strengthen your research proposal, support the University's Strategy for Māori Development, and increase the likelihood of success with external engagement. It will also increase the likelihood that the outcomes of your research will be of benefit to Māori communities. We wish you all the best with your current project and look forward to hearing about future research plans.

The Ngāi Tahu Consultation and Engagement Group would appreciate a summary of your findings on completion of the current project. Please feel free to contact me if you have any questions.

Ngā mihi whakawhetai ki a koe

Henrietta Carroll (on behalf of the NTCEG)

Kaiarāhi Maori Research
Research & Innovation | Te Rōpū Rangahau
University of Canterbury | Te Whare Wānanga o Waitaha
Phone +64 3 369 0143, Private Bag 4800, Christchurch | Ōtautahi
henrietta.carroll@canterbury.ac.nz
http://www.research.canterbury.ac.nz

Appendix E: Ethics Approval

HUMAN ETHICS COMMITTEE

Secretary, Rebecca Robinson
Telephone: +64 03 369 4588, Extn 94588
Email: human-ethics@canterbury.ac.nz

Ref: HEC 2019/129

7 November 2019

Georgia King
Health Sciences
UNIVERSITY OF CANTERBURY

Dear Georgia

The Human Ethics Committee advises that your research proposal "New Zealand's Home for Life Policy: A Qualitative Study Exploring Perceptions of Home for Life Caregivers" has been considered and approved.

Please note that this approval is subject to the incorporation of the amendments you have provided in your email of 4th November 2019.

Best wishes for your project.

Yours sincerely

Dr Dean Sutherland
Chair
University of Canterbury Human Ethics Committee